



SOUTHWESTERN COLLEGE

Office of Disability Services

Documentation of Disability

Name: _____ S.S. # _____

Phone: _____ Address: _____

City/State/Zip: _____

Email: _____

By signing this form I grant permission for information concerning my disability to be released to Southwestern College, Office of Disability Services. All documentation of disability information is treated as confidential material.

Signature; _____ Date: _____

For professional Qualified to make diagnosis:

The above student has requested that you complete the following information or provide a written report that addresses all the areas listed to verify their disability. To ensure the provision of reasonable and appropriate services for students with disabilities, students needing services are required to provide current and comprehensive documentation of their disability. Any information you can provide that offers recommendations for necessary and appropriate auxiliary aids, service, academic adjustment, or other accommodation is needed.

Diagnosis:

Date: _____

Duration of disability: Permanent ____ Temporary ____ / how long _____

Activity Limitations: (check all that apply) Attention __ Hearing __ Reading __

Vision __ Walking __ Writing __ other _____

Extent of limitations: _____

Suggestions of possible accommodations, auxiliary aids: _____

Professional's name: _____

Title: _____

Address: _____

Daytime phone: _____ Date: _____

Signature: _____

Please return completed form to:

Steve Kramer
Disability Services Coordinator
Southwestern College
100 College Street
Winfield, KS 67156
Scan/Email: steve.kramer@sckans.edu
Fax: 620-229-6363