

Accessibility Services Documentation

Qualifying Professionals are to Complete this Form



RIVERLAND
Community College

The information provided in this form will help determine if a student qualifies for services. The student's medical provider, school/clinical psychologist, or other qualified professional should complete the form and submit it directly to Accessibility Services via online or email.

Accessibility Services
1900 8th Ave NW, Austin, MN 55912
Fax: 507-433-0515
Email: accessibility@riverland.edu

Please reference the "[Guidelines for Qualifying Professionals](#)" for information about individuals who may complete this form.

SECTION 1: Student Information

Student Name: _____
Last First Middle Initial

Permanent Address: _____
Street City State Zip Code

Phone (with area code): _____ Riverland Email Address (optional): _____

SECTION 2: Health Professional Information

Provider Name: _____
Last First Middle Initial

Provider Credentials: _____

Clinic/Agency Name: _____

Clinic/Agency Address: _____
Street City State Zip Code

Clinic/Agency Phone (with area code): _____ Clinic/Agency Fax: _____

SECTION 3: Impairment Assessment

Diagnosis: _____ Date: _____

Is the student still under your care? Yes No Is the condition: Temporary (<6 months) Persistent

Date of last appointment with the student: _____

SECTION 4: Major Life Activities Assessment

As a result of the disabling condition, please indicate the level of limitation on any of the major life activities on the chart found on page 2. What are the functional limitations on the major life activities noted on page 2?

Based upon the major life activities affected by the condition, are there any accommodations within the context of the college environment that you can recommend for this student?

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Important Information

A disability is defined as a physical or mental impairment that substantially limits one or more major life activities.

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SECTION 4: Major Life Activities Assessment (continued)

Please check only major life activities affected.

Major Life Activity	Negligible	Moderate	Substantial
Caring for oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Notes

I certify that all of the information provided is true and accurate to the best of my knowledge.

Provider Signature: _____ **Date:** _____