

## Documentation Form for Disability Accommodation: Physical Disability

THIS BOX TO BE COMPLETED BY STUDENT:		
Student First Name	Middle Initial	Last Name
UNT Dallas College of Law Student ID#	Date Form Submitted to Health Care Professional	

The student named above has requested reasonable accommodation and/or auxiliary aids and services based upon a physical disability at UNT Dallas College of Law. In order to determine eligibility, the College of Law requires documentation from the appropriate health care professional (e.g., Medical Doctor, Nurse Practitioner, Physical or Occupational Therapist) who is not related to the student. This information will be used to verify the student's disability and its impact on the student's needs in the academic setting. Please provide the following information as completely as possible to verify the student's disability and its impact in the academic setting.

REMAINDER OF THIS FORM IS TO BE COMPLETED BY A QUALIFIED PROFESSIONAL ONLY.	
Name and Title of Professional Completing Form	License Number
Address	Phone (     )
Please provide the ICD 9/10 code and standard nomenclature of this student's medical condition(s): _____ _____ _____	
Date of Diagnosis / /	Most Recent Date You Examined or Treated Student / /
Is the Student Currently Under Your Care?	If Yes, How Long?
<b>ESSENTIAL:</b> Will the student's disability create limitations lasting longer than six months? <input type="checkbox"/> No <input type="checkbox"/> Yes	

BLIND/LOW VISION ONLY (Attach Most Recent Eye Exam)	
Vis Acuity (best corrected) OD: _____ OS: _____ Vision Field (degree) OD: _____ OS: _____ Totally Blind OD: _____ OS: _____	
Light Perception OD: _____ OS: _____ Object Perception OD: _____ OS: _____ Hand Movements OD: _____ OS: _____	
Counts Finger OD: _____ OS: _____ Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Means of Reading Text: Enlarged Font _____ CCTV, Magnifier _____ Other (list): _____	
Eye Fatigue Issues: _____ Recommended Font Size: _____ NA: _____	

FOR PHYSICAL CONDITIONS ONLY

<b>DEAF/HARD OF HEARING ONLY (Attach Most Recent Audiogram)</b>
Hearing Loss in Decibels Rt: _____ Lft: _____ Certificate of Deafness <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Communication Augmentation: Cochlear Implant: _____ Hearing Aid: _____ FM Loop, Audio Trainer: _____ Sign Language: _____ Other: _____

The following matrix is crucial to establish eligibility. To qualify, the student’s disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact the student’s diagnosis(es) has on the associated life activity. Attach any relevant medical records, especially eye exams, audiograms, sleep studies, functional capacity exams, VA disability rating, etc.

**NOTE:** When in remission or well-controlled, conditions such as diabetes, cancer, lupus, epilepsy and other chronic illnesses may present no immediate limitations. Students may still qualify for reasonable accommodation when the potential exists for a previously stable condition to worsen. Please complete the matrix to reflect those periods when the condition **is not** well controlled. Also, consider side effects of medications and other treatment(s) that may negatively impact life activities. Lastly, completion of this form has no bearing upon a student’s future employability, or eligibility for any accommodation or services beyond the UNT Dallas College of Law. To make an eligibility determination we need to know how serious the student’s limitations are. Please do not feel the need to minimize this. Basically, we need to know how severe the student’s health problems can be at their worst.

LIFE ACTIVITY MATRIX	NO IMPACT	MODERATE IMPACT	SEVERE IMPACT	DON'T KNOW
Speaking				
Hearing (Attach Most Recent Audiogram)				
Seeing (Attach Most Recent Eye Exam)				
Lifting				
Standing				
Walking				
Sitting				
Manual Dexterity/Writing				
Sleeping				
Concentration				
Memory				
Reading				
Caring For Self				
Class Attendance				
Bodily Functions (Immune System, Digestive, Circulatory, Endocrine, Etc.)				
Communication (Receptive and Expressive)				
Sustained Focus				
Other (Please Describe)				

FOR PHYSICAL CONDITIONS ONLY

From the matrix (page 2), please list how you would expect the life activity limitations you rated as severe to impact the student in the educational environment of a law school (e.g., learning, taking tests/notes, class attendance) and feel free to inform us of anything else you feel is important to be aware of to reasonably accommodate this student most effectively:

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By signing below I am certifying that I have completed, or my designee has completed, this form truthfully and accurately.	
Signature	Date / /
Print Name	Print Professional Title

This original signed form should be returned to UNT Dallas College of Law, Office of the Dean of Students, via email or hand delivery. The email address: [lawdeanofstudents@untsystem.edu](mailto:lawdeanofstudents@untsystem.edu). Faxed submissions are not accepted.