

Disability Services & Resources (DSR) Office
Medical Documentation

Impairment and Disability 12 Months (12.06) (12 Months) activity. This form is designed to help us make that assessment

Student Name: _____ **Date of Birth:** _____

Please respond to the following items:

Impairment Assessment

What is the diagnosis/impairment? Please include DSMV or ICD10:

Is the student currently under your care? _____ Date of last visit: _____ Walking

Reading					
Concentrating		Standing		Bending	