

Disability Services & Resources (DSR) Office  
Enrollment Form

## Impairment and Disability Assessment

**\*\*\*TO BE COMPLETED BY A MEDICAL PROFESSIONAL OR LICENSED COUNSELOR\*\*\***

In order for Gadsden State to provide disability related services, we need to establish the person whose name is listed in the box below has a qualifying disability. A disability is defined as an impairment sustainably limiting a major life activity. This form is designed to help us make that assessment. Please respond to the following items:

### Impairment Assessment

What is the diagnosis/impairment? \_\_\_\_\_

Is the student currently under your care? \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Reading		Breathing		Seeing	
Thinking		Standing		Bending	
Concentrating		Working		Manual Tasks	
Communicating					