

Disability Documentation Form

This form is to be completed by the Treating Professional. Please fill out **electronically** or **type** to ensure legibility. Thank you.

Name of Student: _____

Credentials of the Treating Professional:

1. Name: _____
2. Licensure or certification (including state) _____
3. Degree(s): _____
4. Area(s) of Specialization: _____
5. Address of Practice: _____
6. Telephone: _____

The information provided by you regarding the above-named student will be treated as confidential and will be disclosed by the College only as necessary for assessment and/or implementation of the requested services or accommodations.

For a diagnosed **learning disability (LD)** or **attention deficit disorder/attention hyperactivity disorder (ADD/ADHD)**, please enclose a neuropsychological evaluation including test scores and recommendations that are current within the past five years.

Specific Diagnosis/Impairment/limitation:

ICD 9 Code: _____

DSM V Diagnosis: _____

Date of Diagnosis/Time of Onset:

Secondary medical conditions/diagnoses, level of severity:

Explain how the disability interferes with or limits any facet of a major life activity, including current participation in courses/programs/ or activities of the College. Include the impact of the medication or other treatments.

Specify the duration, stability, or progression of the condition, temporary or permanent:

Student's current medication(s), dosage:

Major life activities assessment: Activities that are affected because of the impairment and the severity of the limitations:

Life Activity	Severity of Impairment
Talking	
Hearing	
Breathing	
Standing	
Caring for oneself	
Reaching	
Lifting	
Sitting	
Walking	
Seeing	
Writing	
Performing Manual Tasks	
Sleeping	
Learning	
Reading	
Thinking	
Concentrating	
Memorizing	
Interaction with others	
Other	

Current treatment/follow-up plan:

Accommodation Recommendations:

Other information that will help the student to academically succeed at Pomona College:

Signature

Date

Please return the form to:
 Or send to:
 Dean of Students Office
 Disability Resources
 550 N. College Avenue
 Claremont, CA 91711

disabilityservices@pomona.edu