



OFFICE OF ACCESSIBILITY SERVICES

PROVIDER ASSESSMENT

STUDENT AUTHORIZATION (TO BE COMPLETED BY THE STUDENT)

I authorize _____ to release information pertaining to the diagnosis and treatment of _____ to the Office of Accessibility Services at Northeast Iowa Community College.

Office/Clinic _____
Address _____
Phone _____ Fax _____
Name _____ Social Security Number _____ Birthdate _____
Signature _____ Date _____

Please note: By signing this release form, any records obtained are the sole possession of Northeast Iowa Community College Office of Accessibility Services. These records are held confidentially by our office.

ASSESSMENT OF DISABILITY (TO BE COMPLETED BY PROVIDER)

Provider: The patient/client, listed above, has requested academic/auxiliary accommodations for their disability during their enrollment at Northeast Iowa Community College. Accommodations are provided based on the submission of current documentation verifying their diagnosis and current level of functioning. Thank you for providing this information in a timely manner.

- A. Primary diagnosis/impairment: _____
- B. Date of original diagnosis: _____
- C. Is the patient/client currently under your care: _____
- D. When did you last see the patient/client: _____
- E. Is the impairment temporary (< six months) or persistent: _____

Please list any secondary diagnosis/diagnoses by name that may also impact the student:

1. _____
2. _____
3. _____
4. _____
5. _____

Current list of prescribed medications: _____
Possible negative side effects these medications may have on learning (e.g., slowed processing speed, distractibility): _____

ASSESSMENT (CONTINUED)

Please rate the impact of your client's disability on major life activities:

| Function | Minor | Moderate | Major | Comments: |
|-------------------------|--------------------------|--------------------------|--------------------------|-----------|
| Caring for oneself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Performing manual tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Standing | <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"/> | |
| Sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seeing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Interacting with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Breathing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please list any accommodations/other pertinent information that would support the student within the College environment
(e.g. extended time on tests, record class lectures):

Provider Name (Print): _____

Provider Signature: _____ Date: _____

Please mail form to:

Peosta Campus
 Northeast Iowa Community College
 Office of Accessibility Services
 8342 NICC Dr.
 Peosta, IA 52068
 844.642.2338, ext. 2280

Calmar Campus
 Northeast Iowa Community College
 Office of Accessibility Services
 1625 Hwy. 150 S.
 Calmar, IA 52132
 844.642.2338, ext. 1258