



Baton Rouge Community College  
Counseling & Accessibility Services

# PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY DOCUMENTATION REQUEST FORM

\*\*\*\*This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through the Office of Counseling & Accessibility Services.\*\*\*\*

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Campus ID # \_\_\_\_\_

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from the Office of Counseling & Accessibility Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, college policy requires that a **Qualified Professional** provide current and comprehensive documentation. A qualified professional includes a medical doctor or other qualified healthcare professional **who is not a family member of the student. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.**

The documentation provided must include information that diagnoses a physical or systemic (medical) disability, describes the functional limitations in an educational setting, indicates the severity and longevity of the physical or systemic (medical) disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication along with any current side-effects which may impact academic performance.

If it is a visual disability the documentation must include the student's visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.

To facilitate the gathering of such critical information, please respond to the following and return to BRCC Office of Counseling & Accessibility Services.

1. Diagnosis: \_\_\_\_\_

2. Date of Diagnosis: \_\_\_\_\_ Date of Last Contact with Student: \_\_\_\_\_

3. Provide a **summary** of the student's educational, medical, and family history that relates to the physical or systemic (medical) disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the student's **functional limitations** in an educational setting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List **current medication** along with any **current side-effects** which may impact academic performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at BRCC as justified based of the functional limitations indicated above.

Please check all that apply:  extended time (1.5x)                       distraction-reduced environment  
 alternative test format    consideration for absences             no scantron    class notes  
 books on tape                       enlarged text (font size \_\_\_ )    reader                       scribe  
 other \_\_\_\_\_

Qualified Professional's Signature: \_\_\_\_\_  
Printed Name & Title: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

Counseling & Accessibility Services  
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