Physical/Motor Disability

Student’s Name: ________________________________________________________________

To be completed by a Qualified Licensed Provider:

Converse College provides testing and classroom accommodations for students with a verified and
substantially limiting disability. A student’s documentation must demonstrate the existence of a
condition covered by the Americans with Disabilities Act (ADA: 1990). The ADA defines a
disability as a physical or mental impairment that substantially limited one or more major life
activities. Documentation of such impairment must be derived from a licensed provider who is not
a relative of the student. Specific information regarding the condition as well as its impact on
learning must be provided. If the student requires disability accommodations those conditions must
be addressed with the documentation that meets Converse’s requirements for those impairments.
Please contact our office at (864) 596-9027 for more information.

Please attach a separate sheet of paper or include a separate report if the space provided is not
sufficient.

1. What is the student’s diagnosis? ________________________________________________

   a. State the current symptoms: ________________________________________________
      ________________________________________________________________

   b. How is the disability substantially limiting? ________________________________
      ________________________________________________________________

   c. State the frequency of your appointments with this student and the date of your last
      contact with the student? ____________________________________________

2. Are there any significant impairments that have resulted from this physical condition? If so,
   what are they and how are they substantially limiting? ___________________________
   ________________________________________________________________

   For more information contact:
   Tania McDuffie
   Director of Student Support Services
   tania.mcduffie@converse.edu
   disability.services@converse.edu
3. If applicable, list and describe the measures/instruments used to determine the level of impairment. Please attach the diagnostic report evaluating the patient’s condition including all symptoms and laboratory findings.

4. List the student’s current medication(s) and adverse side effects, if applicable.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

a. Are there any significant limitations to the student’s functioning directly related to the prescribed medication? Yes _______ No _______ NA _______

b. If yes, please describe. ________________________________________________

5. Please specify recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student’s functional limitations. (Indicate why the accommodations you recommend are necessary.) _____________________________________

__________________________________________________________________________

Signature of Provider:_______________________________________________________ Date:________________________
License # ___________________________ State:______________________________
Name/Title: ___________________________ Address: ______________________________
Phone: ______________________________ E-mail: ______________________________