

**Nunez Community College Office of Disability Services**  
**PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY**  
**DOCUMENTATION REQUEST FORM**

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

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

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

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

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

Student ID#: \_\_\_\_\_

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Office of Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, Nunez 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 NCC, Office of Disability 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 NCC 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 (describe below) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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