Dallas Theological Seminary Physical Disability Documentation Form

Return completed form to Disability Services at disability@dts.edu or fax 214-887-5516

This form will not be accepted as documentation of physical or psychological conditions.

Student's Name (First Name Last Name): _____

To Whom It May Concern:

The above named student has requested modifications based upon a disability at Dallas Theological Seminary. In order to determine eligibility, Dallas Theological Seminary requires documentation from the appropriate health care professional (e.g. medical doctor, nurse practitioner, physical or occupational therapist, physiatrist). This documentation will be used to determine if the student's health condition rises to the level of disability as defined by the Americans with Disabilities Act of 1990. The health condition must represent a "substantial limitation" on a "major life activity."

A "major life activity" includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. It also includes "the operation of a major bodily function, including but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, reproductive functions, genitourinary, or the operation of an individual organ within a body system. A "substantial limitation" is defined as substantially limited as compared to most people in the general population.

Please answer the following questions as completely as possible. Feel free to write on the back of the form if you need additional space. Dallas Theological Seminary sincerely appreciates your time and effort.

_____

Signature of Certifying Professional Today's Date

Please print all the following information

Professional's Name and Title: _____

Professional's License Number: _____

Professional's Physical Address: _____

Professional's Telephone Number: _____

Professional's Fax Number: _____

Adapted with permission from resource handout of University of North Texas.

Is the student currently under your care? ☐ Yes ☐ No

If yes, for how long (length of care)? _____

What is the current diagnosis(es)? Please use ICD 10 codes: _____

_____

_____

Date student was last seen (month, day, year): _____

Please check the level of limitation created by the student's diagnosis(es) and if the impairment is substantial, please describe specifically how this can impact the student in the educational setting; e.g. taking notes, studying, completing tests on time, reading, navigating the campus, attending class or any other typical components of academic life.

Life Activity	**No Limitation**	**Mild**	**Moderate**	**Substantial**
Speaking	☐	☐	☐	☐
Hearing	☐	☐	☐	☐
Seeing	☐	☐	☐	☐
Walking	☐	☐	☐	☐
Breathing	☐	☐	☐	☐
Standing	☐	☐	☐	☐
Lifting	☐	☐	☐	☐
Sitting	☐	☐	☐	☐
Performing manual tasks (dexterity)	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐
Concentration	☐	☐	☐	☐
Bending	☐	☐	☐	☐
Reaching	☐	☐	☐	☐
Reading	☐	☐	☐	☐
☐	☐	☐	☐	☐
Thinking	☐	☐	☐	☐
Communicating	☐	☐	☐	☐
Interacting with others	☐	☐	☐	☐
Working	☐	☐	☐	☐
Operation of a major bodily function (check all that apply) ☐ bowel ☐ bladder ☐ brain ☐ cardiovascular ☐ circulatory ☐ digestive ☐ endocrine ☐ genitourinary ☐ hemic ☐ immune system ☐ lymphatic ☐ musculoskeletal ☐ neurological ☐ normal cell growth ☐ reproductive functions ☐ respiratory ☐ special sense organs and skin ☐ operation of individual organ ☐ other	☐	☐	☐	☐
Caring for self	☐	☐	☐	☐
Other	☐	☐	☐	☐

Describe impact of substantial limitations indicated in the previous chart

Are the limitations described previously permanent? If not, how long will they be present?

List medications which the student is taking and please describe any problematic side effects

List any regular treatments the student may be undergoing (chemotherapy, dialysis) and describe how this may create difficulties for the student.

How long do you anticipate the student's academic achievement will be impacted by this disability?

☐ Six months ☐ One year ☐ More than one year ☐ Entire time in school

What other specific symptoms currently manifesting themselves might affect the student's academic performance?

_____

_____

Is there anything else you think we should know about the student's disability?

_____

_____