

II. Does the impairment affect a Major Life Activity?

MAJOR LIFE ACTIVITIES

Which, if any, of the major life activities below, does the impairment(s) affect? Please check:

- Breathing Caring for self Hearing Learning Performing manual tasks
 Seeing Speaking Working Walking
 Other, please list _____

If you checked "learning" as an affected major life activity, please provide more detailed information by checking all components of "learning" that are substantially affected.

- ___ **Engagement:** attending concentrating demonstrating reading
 thinking writing accessing prior knowledge
- ___ **Exploration:** answering decision making investigating organizing
 performing planning problem solving
- ___ **Explanation:** analyzing discussing reflecting
 supporting with evidence
- ___ **Extension:** applying understanding to the real world expanding understanding
- ___ **Evaluation:** demonstrating knowledge on instructor generated scoring tools

Please note: We request data based evidence (such as psychoeducational, neuropsychological, and/or norm based behavioral assessments - see attached list). When available, please attach a report that lists all testing results (including standard scores and subtests) and an explanation of how the test scores were used to arrive at your conclusion that the components of learning that you checked are substantially affected.

III Does the impairment substantially limit this student's life?

SUBSTANTIAL LIMITATIONS

Is the student significantly restricted in comparison to most people as to the conditions, manner or duration under which activities can be performed? How does the condition(s) affect the student in the activities required in an academic environment? List below the specific substantial functional limitations, how often the limitations/restrictions occur, how long they last, and the severity of each. (e.g. inability to concentrate, daily, 24 hrs., moderate severity; cannot attend class, 2x per month, 2 days, severe) Please note, when determining whether an impairment substantially limits a major life activity corrective measures such as treatment, medication, hearing aids and other methods used to correct or alleviate the physical or mental impairment should not be considered. The only exception is eyeglasses or contacts.

Restrictions/Difficulties

Frequency/Duration
(daily, weekly, monthly/# hours, days, etc.)

Severity
(mild, moderate, severe)

Please continue on next page

METHODS OF ASSESSMENT

What methods were used to determine this person's functional limitations?

Structured or unstructured interviews with the student. Please, explain: _____

Interviews with other persons. Please, explain: _____

Behavioral observations. Please, explain: _____

Developmental history. Please, explain: _____

Educational history. Please, explain: _____

Medical history. Please, explain: _____

Neuro-psychological testing. (Attach results) Date(s) of testing: _____

Psycho-educational testing. (Attach results) Date(s) of testing: _____

Standardized or non-standardized rating scales. Please, explain: _____

Other (Please specify): _____

Please continue on other side

RECOMMENDED ACCOMMODATIONS

Which accommodations and/or services, if any, do you recommend? (This is for planning purposes only. If required, NC State University will determine the appropriate, reasonable accommodations.)

IV. WRITTEN NARRATIVE (An evaluation report that includes the information requested below can serve as the written narrative.)

A written narrative (signed, dated and on official letterhead) must be submitted with the "Documentation of Psychological Disability" form. This written report can be brief but must adequately support each accommodation recommended and must include:

1. A full description of the current difficulties and functional limitations in an educational setting;
2. Additional information about current difficulties and functional limitations in an educational setting;
3. Activities or situations that should be avoided or would present a current significant risk of serious injury or death for this student or others;
4. Whether this student is currently a danger to himself / herself or others (Explain);
5. A clear and convincing rationale for each recommended accommodation based on the degree of impact of the impairment and the resulting functional limitations.

Thank you for your help in providing this information so that we may begin providing services or accommodations as soon as possible.

Since DSO bases eligibility decisions on the documentation submitted by qualified diagnosticians, incomplete or missing information can prevent or delay necessary services and accommodations. This form and the required narrative must be completed and signed by the qualified professional who performed the evaluation and made the diagnosis.

Please mail the signed original form and narrative. To avoid delay, also fax us a copy at 919-513-2840. Faxed forms and narratives must be followed by a mailed original copy.

PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.

Name _____

Title _____

Business Address _____

Phone _____ Fax _____

E-Mail _____

Professional Credentials _____

License / Certification number _____

Area of Specialization _____

State / Province of Licensure / Certification _____

Signature _____ Date _____

Attach additional sheets if needed