

7. **Functional Limitations:** Please check the level of limitation you believe this individual experiences in the college environment as a result of his or her disability. Check only those boxes that apply.

1 = Unable to determine

2 = Mild

3 = Severe

1	2	3		1	2	3	
			Caring for Oneself				Learning:
			Talking				• Reading
			Hearing				• Writing
			Breathing				• Spelling
			Seeing				• Quantitative Reasoning
			Walking/Standing				• Math Calculating
			Lifting/Carrying				• Processing Speed
			Sitting				• Memorizing
			Performing Manual Tasks				• Concentrating
			Eating				• Listening
			Working				Other:
			Interacting with Others				
			Sleeping				

8. Please provide any additional information that will be helpful to us in determining eligibility and providing disability-related services:

9. Additional documentation attached? Yes No

Note: Qualified diagnosing professionals are licensed physicians and surgeons, and in some instances, chiropractors. The diagnosing professional must have expertise in the differential diagnosis of the documented disorder or condition, follow established best-practices in the field, and not be related to the patient.

PLEASE PRINT OR STAMP CLEARLY SO THE DRC MAY CONTACT YOU FOR ADDITIONAL INFORMATION.

Print Name _____ License Number _____

Signature _____

Address _____

Phone _____ Fax _____ Email _____

Return To:
Disability Resource Center - Bldg. 124-119
California Polytechnic State University - San Luis Obispo, CA 93407-0205
Phone: 805-756-1395 FAX: 805-756-5451