

Student Temporary Impairment Intake Form

It is essential that the information on this form is filled out in full as it is considered in the eligibility determination process. Timely submission of materials is vital for the timely provision of accommodations. Documentation in accordance with college documentation guidelines may be requested.

Individuals are recommended to first meet and discuss with individual instructors the impact, duration and functional limitations of the temporary impairment within the classroom and/or learning environment before meeting with OA.

Name _____ Student ID _____

Address, City, State, Zip _____

Contact Number _____

Enrollment Date _____ How many semesters have you attended? _____

1. What is the nature of the impairment you are requesting accommodations for?

2. In your own words, please describe the current impact and functional limitations of the impairment:

3. What is the duration of your condition and how long do you anticipate needing accommodations:

4. Accommodations requested at RCCC:

OA sends all communications via student email.

I give the Office of Accessibility (OA) permission to consult with my medical and mental health professionals, as needed, in order to assist the OA staff with the evaluation of my medical and/or psychological documentation. I understand that the medical and mental health professionals will keep this information confidential to the extent permitted by law.

Signature _____ Date _____

**OA cannot accept typed or electronic signatures.*