



BUSINESS COLLEGE

DOCUMENTATION OF DISABILITY FORM

NOTE TO STUDENT: Please have a professional qualified to diagnose your disability complete this form.

Student Section

Full Legal Name: _____

Qualified Professional Section

NOTE TO PROFESSIONAL: Please fill out as relevant for your patient/client. Attach any additional documentation.

Diagnosis/diagnoses: _____

Date of establishment/age of onset: _____

Symptoms: _____

Tests/Procedures Used to Diagnose Condition(s) (Please attach any relevant written reports and test scores): _____

Brief History/Prognosis for Treatment: _____

Functional Limitations: How and to what extent does the disability limit the patient's ability to perform learning tasks or functions required in a classroom environment? _____

Accommodative Recommendations: _____

Additional Comments: _____

Diagnosed By: _____ **Specialty/Credentials:** _____

Address: _____

Phone: (_____) _____ **Fax:** (_____) _____

Signature _____ **Date:** _____

This form may be sent with the student to return to our office or you may fax, mail, or e-mail it in to us.

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