



JOLIET JUNIOR COLLEGE

1901

1215 Houbolt Road • Joliet, IL 60431

DISABILITY SERVICES

815-280-2230 or 815-280-2941 • Fax 815-280-2820 • Office A-1125

ADD/ADHD, PSYCHOLOGICAL, AND TRAUMATIC BRAIN INJURY DOCUMENTATION

Date: _____ Date of Birth: _____

Name of Student: _____

Dear Medical Professional:

The student whose name appears above has applied for services from the Disability Services Office at Joliet Junior College. In order to verify the presence of a disability and determine the student's eligibility for services, we need your assessment and diagnosis of this student. Please assist the student by completing this form. If you prefer, you can answer these questions in a signed and dated letter on your professional letterhead.

1. What is the diagnosis/impairment?

Date of Diagnosis: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

2. What were the assessment or evaluation procedures used to make the diagnosis?

3. Briefly describe as appropriate the history of presenting symptoms and past functioning, duration of the disorder, and relevant development, or historical data pertinent to the disability.

4. Is this student a danger to himself or others?

5. What are the major symptoms of the disorder currently manifested by the patient/student, including level of severity?

6. Which medication(s) is the individual currently taking; are there any substantial side effects for this medication(s)?

7. What are the current functional limitations imposed by this disorder?

8. What is the current prognosis? When did you last see this individual?

Please check each of the major life activities listed below that are affected by the disorder. Please indicate the severity of limitations.

Life activity	No Impact	Moderate Impact	Substantial Impact	Unknown
Concentration				
Memory				
Social Interactions				
Managing distractions				
Time management				
Motivation				
Communicating				
Organization				
Self-care				
Stress Management				
Sleeping				
Eating				
Other (explain)				

Signature of Professional

Date

Professional's Name (printed) and Title

License Number

Street Address

Telephone Number

City, State, Zip Code

Fax Number