



Disability Information Form

Please type or write clearly. Illegible forms will delay the documentation process.

Phone: 303-914-6733

VP: 720-336-3893

Fax: 303-914-6833

Email: access@rrcc.edu

Student Section:

Full Name:

Date of Birth:

Student ID Number:

Student Email:

Phone Number:

I authorize _____ (licensed professional name) to release information pertinent to my disability verbally or in writing to Accessibility Services at Red Rocks Community College.

Date of form completion:

Student Signature:

Licensed Professional Section:

Full Name:

Address:

Email:

Phone Number:

Specialty/Credentials:

License Number:

Date of last contact with this student:

Date of form completion:

Provider Signature:

Disability Information:

Please complete this form in its entirety. If you cannot provide answers for a section, mark N/A (not applicable) or provide context for why you cannot answer.

Diagnosis:

Date of Diagnosis (*may enter month/year if exact date unknown*):

Severity ☐ Mild
☐ Moderate
☐ Severe

Duration ☐ Permanent
☐ Temporary
☐ 60 days or less
☐ Short Term (60-90 days)
☐ Long Term (3-12 months)

Frequency ☐ Consistent Impact
☐ Episodic Impact

Frequency of flare-ups:

Duration of flare-ups:

I am actively treating this student for this diagnosis.

☐ Yes
☐ No

Symptoms (in as much detail as possible):

Please describe the student's current treatment plan. Include relevant medications, frequency of follow-ups, side effects of medications, etc.

Additional Notes:

According to the Americans with Disabilities Act, a disability is a physical or mental impairment that substantially limits one or more major life activities. Below is a non-exhaustive list of major life activities (MLAs). **Please check off each MLA that is applicable and provide an example of how the student's condition limits this activity.** If an MLA is not applicable, leave the MLA unmarked or write N/A.

☐ **Eating:**

☐ **Sleeping:**

☐ **Seeing:**

☐ **Hearing:**

☐ **Gross motor skills:**

☐ **Fine motor skills:**

☐ **Stress management:**

☐ **Social interactions:**

☐ **Concentrating:**

☐ **Communicating:**

☐ **Managing distractions:**

☐ **Organization:**

☐ **Processing information:**

☐ **Other:**

Please email or fax this completed form to RRCC Accessibility Services or provide the physical copy to the student for them to bring to our office.