

DISABILITY DOCUMENTATION FORM

Student Accessibility Services at New York Film Academy provides services and/or accommodation for students with disabilities intended to facilitate equal access to educational opportunities. To determine eligibility for services and/or accommodations, current and comprehensive documentation regarding a physical or mental condition and its impact on the student’s function is required from a licensed medical professional qualified to diagnose and treat the particular condition(s).

I request that this form be completed and returned, along with any supporting documentation regarding my condition, to Student Accessibility Services.

Student signature

Date

Please complete the following: (to be completed by physician)

Name of Student

Date of Birth

Date of Diagnosis

Date of Last Contact

Diagnosis _____

What sources were used to obtain that verified diagnosis? Check all that apply:

- History of presenting symptoms
- Academic history of elementary, secondary, tertiary education. Attach any supporting documentation, e.g. Individualized Education Plan (IEP), 504 plan, Multi-Factored Evaluation (MFE), teacher reports, etc.
- Family History: Prevalence in the family of same or other relater diagnosis.
- History of previous therapy including history that is relevant to the current diagnosis.
- Psychometric Instruments (please specify)
Date of testing: _____

What is the anticipated duration of the impacting symptom? (Circle one)

6 months

1 year

More than 1 year

Major Life Activities Impacted: Below is a checklist of the major life activities that could be impacted by the stated diagnosis. Please check all that apply.

Major Life Activity	No Impact	Mild Impact	Moderate Impact	Substantial Impact
Caring for one's self				
Eating				
Sleeping				
Concentrating				
Memorizing				
Managing internal distractions				
Managing external distractions				
Social interactions				
Organizing				
Managing stress				
Regular and timely attendance				
Making and keeping appointments				
Maintaining deadlines				
Talking				
Hearing				
Breathing				
Lifting				
Learning				
Thinking				
Interacting with others				
Listening				
Speaking				
Seeing				
Reading				
Standing				
Reaching/Grasping				
Sitting				
Walking				
Writing				
Performing manual tasks				



How else might the student's disability impact their academic performance?

How else might the student's disability impact on getting around campus?

Please list any side effects of current medication that might affect the student's academic performance:

What are your recommendations for reasonable accommodations?

HEALTHCARE PROVIDER INFORMATION

The information I have provided is accurate to the best of my knowledge and the condition for which I treat the student is within the scope of my professional licensure or certification

Signature:

Date:

Print Name, Title, Credentials:

Address:

Phone:

Please return this form to: New York Film Academy, Student Accessibility Services

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