

Laramie County Community College  
**Request for Documentation of Disability**  
 Disability Support Services (DSS) Fax (307) 778-1262, Phone (307) 778-1359  
 1400 East College Dr. Cheyenne, WY 82007

**Student Section**

Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_  
 I authorize the professional designated below to complete this form and return it to LCCC, Disability Support Services  
 Student Signature: \_\_\_\_\_

**Please indicate which licensed/certified professional you authorize to provide this information:**

Name of Licensed or Certified Professional: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

**To Be Completed by Licensed or Certified Professional**

Please send our office information pertaining to 1) the diagnosis of this student's disability and 2) the type of functional limitations the disability may cause in an educational setting.

Diagnosis A: \_\_\_\_\_  
 Date of Diagnosis: \_\_\_\_\_  
 Severity: Severe  Moderate  Minor   
 Is the condition permanent? \_\_\_\_\_ Temporary, until: \_\_\_\_\_

Diagnosis B: \_\_\_\_\_  
 Date of Diagnosis: \_\_\_\_\_  
 Severity: Severe  Moderate  Minor   
 Is the condition permanent? \_\_\_\_\_ Temporary, until: \_\_\_\_\_

**Identify the major life activities or functions that are limited by the disability(ies).**

	Degree of Impairment					Degree of Impairment			
	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Mobility on Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention/Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning/Organizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing Oral Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processing Visual Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laramie County Community College  
**Request for Documentation of Disability**  
Disability Support Services (DSS) Fax (307) 778-1262, Phone (307) 778-1359  
1400 East College Dr. Cheyenne, WY 82007

Please list any situation(s) that exacerbates the condition:

Recommendations for effective and reasonable accommodations in the educational setting:

I understand that the information provided will become part of the student record, subject to the Federal Family Education Rights and Privacy Act.

\_\_\_\_\_

Signature

\_\_\_\_\_

Title/License

\_\_\_\_\_

Date

Laramie County Community College  
**Request for Documentation of Disability**  
 Disability Support Services (DSS) Fax (307) 778-1262, Phone (307) 778-1359  
 1400 East College Dr. Cheyenne, WY 82007

**Documentation Requirements**

Documentation should be from a licensed/certified professional qualified to diagnose/assess and identify that student's disability. **Documentation must include: Diagnosis, how disability substantially limits one or more life activities, situations that exacerbate the condition, recommendations for effective and reasonable accommodations in the educational setting.**

*(High school students or recent graduates, submit most recent IEP and one of the following...)*

<b>Type of Disability</b>	<b>Type of Documentation Needed</b>
<p><b>Acquired Brain Injury</b> (<i>deficit in brain functioning resulting in loss of cognitive, communicative, motor, psychological, and/or sensory/perceptual abilities</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Neurologist, Neuropsychologist or Physician</li> </ul>	<ul style="list-style-type: none"> <li>Cognitive rehabilitation report/neurological assessment/medical report documenting the disability OR</li> <li>Description of the injury and impact on cognitive functions. How might the injury affect the person's participation and performance in a college/school setting? Recommended accommodations.</li> </ul>
<p><b>Developmentally Delayed Learner</b> (<i>below average intellectual functioning and potential for measurable achievement in instructional and employment settings</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Psychiatrist or Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>Psychological report documenting disability limitations, exacerbating conditions, and recommended accommodations, OR</li> <li>Psychological-Educational Report from prior high school</li> </ul>
<p><b>Deaf or Hard of Hearing</b> (<i>loss of hearing function which impedes language, educational, social, and/or cultural interactions</i>)</p> <ul style="list-style-type: none"> <li>Audiologist or Certified Otologist</li> </ul>	<ul style="list-style-type: none"> <li>Current audiogram documenting the disability, OR</li> <li>Have the licensed or certificated professional complete the LCCC DSS Disability Documentation form</li> </ul>
<p><b>Learning Disability</b> (<i>average to above average intellectual ability; severe processing deficit; severe aptitude-achievement discrepancy; and measured achievement</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Educational or Clinical Psychologist, School Psychologist or Psychiatrist</li> </ul>	<ul style="list-style-type: none"> <li>Psychological report documenting the disability, limitations, exacerbating conditions, and recommended accommodations, OR</li> <li>If you have recently finished high school, then request that a "Psychological-Educational Report" be sent to LCCC DSS</li> <li>IEP's rarely include the type of diagnostic information listed above</li> </ul>
<p><b>Mobility Impairment</b> (<i>serious limitation in locomotion and/or motor function</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Physician</li> </ul>	<ul style="list-style-type: none"> <li>Medical report documenting the disability, limitations, exacerbating conditions, and recommended accommodations, OR</li> <li>Have the licensed or certificated professional complete the LCCC DSS Disability Documentation form.</li> </ul>
<p><b>Psychological Disability</b> (<i>persistent psychological/psychiatric disorder; emotional or mental illness</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Psychiatrist, Psychologist MFCC or MSW or Physician</li> </ul>	<ul style="list-style-type: none"> <li>Psychological report documenting the disability, limitations, exacerbating conditions, and recommended accommodations, OR</li> <li>Have the licensed or certificated professional complete the LCCC DSS Disability Documentation form.</li> </ul>
<p><b>Speech and Language Impairment</b> (<i>disorders of voice, articulation, rhythm, and/or receptive and expressive processes</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Speech and Language Pathologist</li> </ul>	<ul style="list-style-type: none"> <li>Speech/Language report documenting the disability OR</li> <li>Have the Licensed or Certificated professional complete the LCCC DSS Disability Documentation form.</li> </ul>
<p><b>Visual Impairment</b> (<i>total or partial loss of sight</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Ophthalmologist or Optometrist</li> </ul>	<ul style="list-style-type: none"> <li>Current vision test documenting the disability OR</li> <li>Have the Licensed or Certificated professional complete the LCCC DSS Disability Documentation form.</li> </ul>
<p><b>Other Disability</b> (<i>does not fall into any of the above disabilities but indicates a need for support services</i>). Such as: Chronic medical conditions, autism spectrum, ADHD, ADD or other conditions, seek documentation from:</p> <ul style="list-style-type: none"> <li>Psychologist, Psychiatrist, or Physician</li> </ul>	<ul style="list-style-type: none"> <li>Medical or professional report documenting the disability, limitations, exacerbating conditions, and recommended accommodations, OR</li> <li>Have the Licensed or certificated professional complete the LCCC DSS Disability Documentation form.</li> </ul>