UH Maui College
Accommodations Assessment Form

Return to: UH Maui College Accommodations
Mail: University of Hawai‘i Maui College
310 W. Ka‘ahumanu Avenue
Kahului HI 96732
ATTN: Accommodations
Phone: (808) 984-3306 (808) 984-3227

Please have your health professional (e.g. doctor, therapist) complete this form before your Accommodation intake appointment.

In order for UH Maui College to provide academic accommodation, we need to establish that this student has a disability. A disability is defined as impairment substantially limiting a major life activity. This form is designed to help us make that assessment.

Student’s Name: __________________________

Clinic name and address: ____________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Health professional’s name (print): _________________________________________________

Health professional’s signature: __________________________ Date: __________
**Impairment Assessment**

A. What is the diagnosis/impairment?

____________________________________________________________________

____________________________________________________________________

B. When was the diagnosis was originally made?

____________________________________________________________________

____________________________________________________________________

C. Is the patient/student currently under your care?

____________________________________________________________________

____________________________________________________________________

D. When did you last see the patient/student?

____________________________________________________________________

____________________________________________________________________

E. Is the impairment temporary (<6months) or persistent?

____________________________________________________________________
Major Life Activities Assessment

Please check any of the major life activities listed below that are affected as a result of the impairment.

Please indicate the level of limitation.

1 = Negligible  2 = Moderate  3 = Substantial

<table>
<thead>
<tr>
<th>Major Life Activity</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for oneself</td>
<td>Writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking</td>
<td></td>
<td>Performing manual tasks</td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td>Sleeping</td>
<td></td>
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<tr>
<td>Breathing</td>
<td></td>
<td>Learning</td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td></td>
<td>Reading</td>
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<tr>
<td>Working</td>
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<td>Thinking</td>
<td></td>
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<tr>
<td>Reaching</td>
<td></td>
<td>Concentrating</td>
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<tr>
<td>Lifting</td>
<td></td>
<td>Memorizing</td>
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</tr>
<tr>
<td>Sitting</td>
<td></td>
<td>Taking exams</td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td>Interacting with others</td>
<td></td>
</tr>
<tr>
<td>Seeing</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

What are the functional limitations resulting from the impairment’s impact on major life activities identified in #2 above?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Based upon major life activities affected by the impairment, are there any accommodations within the context of the college environment that you can recommend for this student?

________________________________________________________________________
________________________________________________________________________