UNIVERSITY OF HAWAII MAUI COLLEGE
DISABILITY ASSESSMENT

Return to: Disabilities Coordinator

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Mail: UH Maui College
      310 W. Ka‘ahumanu Ave.
      Kahului, HI 96732
      Attn: Lisa Deneen, Disabilities Coordinator

In order for UH Maui College to provide disability-related services, 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. Please have your health professional (e.g. doctor, therapist) complete this form before your intake appointment.

Date: ________________________
Phone: _______________________
Health professional’s name: _____________________________________________
Clinic name and address: ________________________________________________
                                      ________________________________
Health professional’s signature: __________________________________________ 
Student’s Name: _______________________________________________________

1. 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B. When was the diagnosis was originally made?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?  
 ______________________________________

2. 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>Activity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Activity</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for oneself</td>
<td></td>
<td></td>
<td></td>
<td>Writing</td>
<td></td>
<td></td>
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<tr>
<td>Talking</td>
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<td>Performing manual tasks</td>
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<tr>
<td>Hearing</td>
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<td>Sleeping</td>
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<tr>
<td>Breathing</td>
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<td>Learning</td>
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<td>Thinking</td>
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<td>Reaching</td>
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<td>Concentrating</td>
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<tr>
<td>Lifting</td>
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<td>Memorizing</td>
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<tr>
<td>Sitting</td>
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<td></td>
<td></td>
<td>Taking Exams</td>
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</tr>
<tr>
<td>Walking</td>
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<td></td>
<td></td>
<td>Interacting with others</td>
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</tr>
<tr>
<td>Seeing</td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
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</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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________