

**UH MAUI COLLEGE
DISABILITY ASSESSMENT**

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Attn: **Catherine A. Taylor, Disability Services Counselor**

In order for University of Hawaii, 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.

<p>Date: _____</p> <p>Phone: _____</p> <p>Health professional's name: _____</p> <p>Clinic name and address: _____</p> <p>_____</p> <p>Health professional's signature: _____</p> <p>Student's Name: _____</p>

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B. When was the diagnosis was originally made?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

	1	2	3		1	2	3
Caring for oneself				Writing			
Talking				Performing manual tasks			
Hearing				Sleeping			
Breathing				Learning			
Standing				Reading			
Working				Thinking			
Reaching				Concentrating			
Lifting				Memorizing			
Sitting				Taking Exams			
Walking				Interacting with others			
Seeing				Other			

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?
