



Re: Disability and Impairment Assessment Form

Dear Student:

Washburn University and Washburn Institute of Technology provides disability-related accommodations in compliance with the Americans with Disabilities Act (as amended) and Section 504 of the Rehabilitation Act of 1973.

To request a reasonable accommodation in order to allow you to perform the essential functions of your job, contact the Assistant Director of University Diversity and Inclusion by telephone at (785)670-2329 or email at [kim.sturgeon@washburn.edu](mailto:kim.sturgeon@washburn.edu). The Assistant Director will arrange a meeting to engage you in a cooperative process to determine what, if any, accommodations are necessary in allowing you to perform the essential functions of your job.

Prior to the meeting you should take this form to your healthcare provider along with your course syllabi. For help in obtaining your course syllabi, contact the professor or the Assistant Director. Upon receipt of the completed form from your healthcare provider, the Assistant Director will arrange a meeting with you and your professor(s) to discuss possible accommodations. The Assistant Dean will determine what, if any, reasonable accommodations are necessary and effective in allowing you to perform the essential functions of your course work.

Please have the appropriate health care professional complete the following assessment form and provide any additional information relevant to this request. The assessment form will need to be signed, dated and returned to the Assistant Director for review.

Should you have any additional questions or concerns, please contact me directly.

Sincerely,

A handwritten signature in black ink that reads 'Danielle Dempsey-Swopes'. The signature is written in a cursive style with a large initial 'D'.

Danielle Dempsey-Swopes  
University Diversity and Inclusion



Washburn University [prohibits discrimination](#) on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, [edirector@washburn.edu](mailto:edirector@washburn.edu).

# WASHBURN UNIVERSITY

## DISABILITY AND IMPAIRMENT ASSESSMENT FORM

Student/Patient Name (Please print)

Course(s)/Service(s) (Please print)

1. What is the diagnosis (e.g., medical, DSM-5, etc.) (list all that apply):

2. Date of original diagnosis:

3. Date of patient's last evaluation:

4. Using the chart below, please check any major life activities substantially affected as a result of the disability and/or impairment and explain the limitations.

Life Activity		Functional Limitation on the Major Life Activity
Breathing		
Caring for oneself		
Concentrating		
Digestive		
Hearing		
Initiating Work		
Interacting with others		
Lifting		
Managing internal/external distractions		
Memory		
Organizing		
Reaching		
Reading		
Seeing		
Sitting		
Sleeping		
Standing		
Stress Management		
Talking		
Thinking		
Timely submission of assignments		
Understanding directions		
Walking		
Working		
Other		



- 5. What limitation(s) is interfering with academic performance or accessing a benefit of education or on campus housing?
  
  
  
  
  
  
  
  
  
  
- 6. What academic function(s) or benefits of education is the student having trouble performing or accessing because of the limitation(s)?
  
  
  
  
  
  
  
  
  
  
- 7. How does the student's limitation(s) interfere with his/her ability to perform the academic function(s)?
  
  
  
  
  
  
  
  
  
  
- 8. What accommodations do you recommend **AND** how will these accommodations improve the student's academic performance?
  
  
  
  
  
  
  
  
  
  
- 9. Additional information that will assist Washburn University in determining appropriate reasonable accommodations:

Health Professional's Information:

Name (Please print) \_\_\_\_\_

Type of practice/Medical specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Health Professional)

\_\_\_\_\_  
(Date)

**Please return this form to:**  
**Danielle Dempsey-Swopes, Director**  
**Washburn University Diversity and Inclusion, 1700 SW College Avenue, Topeka, KS 66621**  
**Phone: 785-670-1629**