



Re: Disability and Impairment Assessment Form

Dear Employee:

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 Director of Human Resources by telephone at (785)670-2537 or email at Teresa.lee@washburn.edu. The Director of Human Resources 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 position description. For help in obtaining your position description, contact the Director of Human Resources. Upon receipt of the completed form from your healthcare provider, the Director of Human Resources will arrange a meeting with you and your supervisor to discuss possible accommodations. The Director of Human Resources will determine what, if any, reasonable accommodations are necessary and effective in allowing you to perform the essential functions of your job.

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 Director of Human Resources for review.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Teresa L. Lee".

Teresa L. Lee
Director of Human Resources



DISABILITY AND IMPAIRMENT ASSESSMENT FORM

Employee/Patient Name (Please print)

Position Title (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 job performance or accessing a benefit of employment?

- 6. What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

- 7. How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

- 8. What accommodations do you recommend **AND** how will these accommodations improve the employee's job 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:
Director of Human Resources
Washburn University, Morgan Hall 118, 1700 SW College Ave. Topeka, KS 66621
Fax: 785-670-1642 Phone: 785-670-2537**