Documentation of Disability
(To be completed for every learner identified as having a disability)

Student Name: **DOB:**

Disability ***(list all)*****:**

Major life activity limited or restricted ***(mark one or more):***

- ☐ **Hearing**
- ☐ **Learning**
- ☐ **Seeing**
- ☐ **Other** ***(explain)*****:**
- ☐ **Speaking**
- ☐ **Walking**
- ☐ **Working**

Evidence ***(mark one or more):***

- ☐ **Self-report**
- ☐ **Teacher observation**
- ☐ **IEP or psychological evaluation**
- ☐ **Letter from medical personnel licensed to diagnose the disability**
- ☐ **Other** ***(explain):***

Name/Address of MD, psychologist, school district professional, and/or other diagnostic professional who conducted tested to determine disability, if applicable:

Special Strategies Used or Services Provided	Date Initiated or Changed	Staff Initials	Student Initials

If no special strategies are listed, provide the reason:

Date form complete: **Staff member:**

Student signature: