



PROFESSIONAL EVALUATION AND DOCUMENTATION OF A DISABILITY

This form is to be completed by a professional evaluator as described on page 2 of this form. An original submission of this form by an evaluator is optional. However, if this form is not used, all the information requested must be provided on original letterhead stationery of the evaluator or the request for accommodation(s) will be incomplete and will not be processed.

Applicant Name: _____ Birthdate: _____
(First) (Middle) (Last) (Month) (Day) (Year)

1. Describe the applicant's diagnosis or type of disability (e.g., physical, mental, learning), DSM code, if applicable, date of assessment, the tests used to assess the disability, and a summary of the interpretation of the test results.

2. Describe the nature and extent of the disability (e.g., hearing impaired, diabetic, dyslexia; severe, moderate, mild), how the disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions, and if the disability will change in any way over time. In the case of a learning disability, include specifics as to the area of the disability (e.g., visual speed, processing, memory, comprehension, etc.).

3. What is the effect of the disability on the applicant's ability to perform under standard classroom and testing conditions given the format of the examinations used in the nursing program? (Examinations are proctored and taken using a computer in a lab or classroom on campus. Examinations are scored by the test program and results are See reverse of this page for a description of the examination format.)

4. What is/are the recommended accommodation(s) and how does the accommodation(s) relate to the applicant's disability given the format of the classroom instruction and examinations? The request must be specific (e.g., if additional time is needed, indicate how much).

NAME OF APPLICANT: _____

5. Describe the credentials, education and experience which qualify you, the evaluator, to make the determination of the disability and the recommended accommodation. (See below for description of a qualified evaluator.)

Evaluator's Name (Print): _____ Organization: _____

Evaluator's Signature: _____ Telephone No: _____
(Date) (Area Code)

Type of Professional License or Certificate and Number (if applicable) _____

Description of a Qualified Evaluator

The College will accept evaluations only from qualified evaluators. A qualified evaluator cannot be the spouse of the applicant nor related to the applicant. The evaluator must have sufficient experience to be considered qualified to evaluate the existence of and proposed accommodations needed for specific learning disabilities. Guidelines for a qualified evaluator are listed below:

(a) For purposes of physical or mental disabilities, *not including learning disabilities*, the evaluator is a licensed physician or psychologist with expertise in the area of the indicated disability.

(b) In the case of learning disabilities, a qualified evaluator is one of the following:

A licensed psychologist or physician who has experience working with adults with learning disabilities and who has training in all the areas described below,

OR

another professional who possesses a master's or doctorate degree in the category of disability, special education, education, psychology, educational psychology, or rehabilitation counseling and who has training and experience in all the areas described below:

- Assessing intellectual ability level and interpreting tests of such ability.
- Screening for cultural, emotional, and motivational factors.
- Assessing achievement level.
- Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing and mathematics.