

ACCESSIBILITY SERVICES  
MOUNT ST. JOSEPH UNIVERSITY

One of your patients is a student at the Mount St. Joseph University. He/she has requested accessibility-related services. In order to be considered for such services, a student must provide documentation that attests to the fact that he/she has an impairment that substantially limits one or more major life activities. As this student's treating specialist, please provide the following information so that the University can consider his/her request.

Please complete the following:

Specialist's Name \_\_\_\_\_

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FUNCTIONAL IMPACT ASSESSMENT

LIMITATION IS 1=*Substantial* 2=*Mild* 3=*Unable to Determine*

1	2	3	Major Life Activity	1	2	3	Major Life Activity
			Caring for oneself				Learning
			Talking				Reading
			Hearing				Writing
			Breathing				Spelling
			Seeing				

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