



Disability Support Services Request for Documentation

I hereby authorize you to release all necessary and appropriate information to Southwest Mississippi Community College's Disability Support Services regarding my request for accommodations:

Student's Name _____ **SSN** _____
(Please print)

Signature _____ **Date** _____

Witnessed by _____ **Date** _____

This form requires a second signature from another individual. Please have this individual sign on the line after "Witnessed by."

Professional Evaluator's Response

The above student has requested that Southwest Mississippi Community College provide classroom accommodations. Please assist the DSS Office in making the appropriate determination by answering the following questions and providing any additional documentation needed.

1. What is your professional area of expertise? Licensing information?
2. When and on approximately how many occasions have you treated this individual?
3. Does this individual have a mental or physical impairment?
If yes, please describe the nature of the impairment, its duration, diagnosis, and prognosis. (Please attach any additional documentation.)
4. If the individual has a mental or physical impairment, does that impairment substantially limit any major life activity?
If so, please describe which major life activities are adversely affected and in what manner they are affected. (Please be specific. Please attach any additional documentation)

5. If you answered yes to the above question, please describe what mitigation, correction or self-help measures are available to the individual to minimize the impairment.

6. What mitigating, corrective, or self-help measures does the individual currently use?

7. What, if any, accommodations do you recommend that will enable this student to fulfill his or her course requirements? (Please be specific.)

8. Please add any additional information, comments, or suggestions that will assist the college in determining whether the student is disabled within the meaning of the law, and, whether the student is eligible to receive reasonable accommodations as stated under the Americans with Disabilities Act (ADA)

Evaluator's Name		
	(Please print)	(Email address)
Signature		
Please list the name and address of office/clinic below as well as the phone and fax numbers.		

Thank you for your timely response. If you have any questions or concerns, please contact the following.

Rhonda Gibson, Director of Disability Support Services
Southwest Mississippi Community College
1156 College Drive
Summit, MS 39666
Office: 601-276-3885
Fax: 601-276-3896
rgibson@smcc.edu