

**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)*:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Hearing</b>                 | <input type="checkbox"/> <b>Speaking</b> |
| <input type="checkbox"/> <b>Learning</b>                | <input type="checkbox"/> <b>Walking</b>  |
| <input type="checkbox"/> <b>Seeing</b>                  | <input type="checkbox"/> <b>Working</b>  |
| <input type="checkbox"/> <b>Other <i>(explain)</i>:</b> |  |

**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:**