

**Blinn College District- Office of Disability Services**

Documentation Verification

Student Name: \_\_\_\_\_ Blinn ID # or DOB: \_\_\_\_\_  
 Student Phone #: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Please provide specific and current functional limitations and the level of severity for this individual in an educational setting.

Major Life Activity-Learning	No Impact	Mild Impact	Moderate Impact	Severe Impact	Unknown
Sustaining focus					
Attention/Concentration					
Retaining new information (memory)					
Understanding and following directions					
Organizing information, tasks, and materials					
Managing internal/external distractions					
Managing external distractions					
Learning Disability (504 Plan and/or ARD)					
Submitting assignments in timely manner					
Managing stress					
Managing paranoid ideations that may impact learning					
Containing emotions and behaviors					
Interacting with small groups					
Interacting with large groups					
Hearing Impairment					
Vision Impairment					
Sitting/standing/walking					
Writing (scribe)/ reading (reader)					

Please list any additional functional limitations for this student in a post-secondary educational setting:

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\_\_\_\_\_  
**Professional's Name (print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Professional's Title (print)**

\_\_\_\_\_  
**License Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**