



Minnesota State

Community and Technical College

REQUEST FOR DOCUMENTATION

The person named below has requested accommodations and/or disability/related services at Minnesota State Community and Technical College (M State). In order to be eligible to use accommodations, the individual must have a documented disability, as defined by federal law.

Accessibility Resources will use the information you provide to determine whether this person has a disability and is eligible to use accommodations and/or disability-related services while attending M State. In addition, the functional information you provide will assist Accessibility Resources in identifying the appropriate accommodations for this individual.

Student Completes

Name: _____ Student ID _____ Date of Birth: _____

M State home campus (circle one): Detroit Lakes Fergus Falls Moorhead Wadena online

Medical Professional/Diagnostician Completes:

Diagnosis (i.e. DSM IV or medical): _____

Date of most recent evaluation: _____

Name and title of evaluator _____

List diagnostic protocol used: _____

If the diagnosis is a learning disability, please attach the current psycho-educational evaluation.

Describe the severity of the disability, and the student's functional limitations in an educational setting:

Will the functional limitations described above change over time? _____ If yes, please explain:

If appropriate, list the treatments, medications, assistive devices, accommodations or services currently prescribed or in use and describe their impact or expected impact:

Recommendations from professionals who have worked with this person provide valuable information we can use when determining the specific accommodations and/or disability-related services for this individual. Please list any suggestions for accommodations/services you wish to make.

If your suggestions go beyond what can be appropriately provided at MSCTC, we may use your information to suggest referrals to other service providers.

I certify that the information submitted represents this person's **present level of functioning**.

Signature of Professional

Date

Print Name and Title

Organization and Address

Please mail, fax or scan and email completed form to the campus identified by the student at the top of this form. Thank you.

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M State - Wadena Campus

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