



Mobility & Upper Limb Impairment Documentation Form

Student Name: _____ **DOB:** ____/____/____ has requested support services from Accessible Educational Services (AES) at Indiana University Bloomington (IUB) in regard to a Mobility and Upper Limb Impairment. Documentation provides vital information about the functional limitation of the student’s qualifying medical condition and its impact in a post-secondary academic environment.

Please complete all sections of this form and return it as soon as possible so that we may verify the student’s eligibility for services. Providers may also use their own documentation format if all the information requested below is included; if this information is not provided, services may be delayed as AES obtains clarification. Please call 812-855-7578 if you have questions. The completed form may be faxed to 812-855-7650 or it may be mailed to the address at the bottom of this page. AES welcomes any additional documentation you would like to include.

Diagnoses *(Please provide both code and descriptor):* (REQUIRED)

Primary: _____

Secondary: _____

Date of Diagnosis: ____/____/____ Initial visit: ____/____/____ Last appointment: ____/____/____

Basis on which Diagnosis was made:

Clinical Manifestations or Current Symptoms:

Characteristics of Mobility Impairment: *(Check all Appropriate Terms)*

Stable Slow Progressing Rapid Progressing Improving Mild Moderate Severe

Current medical treatment that may affect the student in the higher education environment.

Do the student’s symptoms fluctuate or worsen Yes No **If yes, please explain:**



How long do you anticipate the condition impacting academic achievement? (Check one)

- < 6 months
- < 1 year
- > 1 year

Prescribed medication and the side effects that impact academic functioning:

Ambulation: Ability to negotiate stairs Needs elevator/ lift

Please specify distance/ endurance limitations

Assistive Devices: Walker Manual Wheelchair Power Wheelchair Scooter

Speech to text software Specialized keyboard and/or mouse

Other _____

Additional comments and recommended auxiliary support, strategies, or service that may be beneficial to the student in the higher education environment.

Certifying Professional

Name (print): _____ **Date:** ___/___/___

Profession: _____ **License number:** _____

Office Address: _____

Phone: _____ **Fax:** _____ **Email Address:** _____

Certifying Professional Signature: _____