

6. Functional Limitations: Please check the level of limitation you believe this individual experiences in the college environment as a result of his or her disability. Check only those boxes that apply.

	Not at all limited/Not Applicable	Slightly limited	Somewhat limited	Moderately limited	Extremely limited
Caring for Oneself					
Talking					
Hearing					
Breathing					
Seeing					
Walking/Standing					
Lifting/Carrying					
Sitting					
Performing Manual Tasks					
Eating					
Working					
Interacting with Others					
Sleeping					
Reading					
Writing					
Spelling					
Quantitative Reasoning					
Math Calculating					
Processing Speed					
Memorizing					
Concentrating					
Listening					
Executive Functioning <small>(ex: Time Management, Organization, Planning)</small>					
Other:					

7. Please specify functional limitations related to the impairment (i.e., length of time able to sustain reading and/or writing; size of print needed; how long activity can be performed before needing a break; length of breaks between activities).

8. Additional Comments:

Note: Qualified diagnosing professionals are licensed optometrists and ophthalmologists and, in some instances, other licensed physicians. The diagnosing professional must have expertise in the diagnosis of the documented disability, follow established best-practices in the field, and not be related to the patient.

Print Name _____ **License Number:** _____

Signature: _____

Address _____

Phone _____ **Fax** _____ **Email** _____

**Return To: Disability Resource Center - Bldg. 124-119
California Polytechnic State University -San Luis Obispo, CA 93407-0205
Phone: 805-756-1395 FAX: 805-756-5451**