

**GATEWAY TECHNICAL COLLEGE
MEDICAL INQUIRY FORM IN
RESPONSE TO AN ACCOMMODATION REQUEST**

Student name:

DOB:

Student ID#:

A. Questions to help determine whether the above-named student has a disability.

For reasonable accommodation under the ADA, a student has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions will help determine whether the student has a disability:

Does the student have a physical or mental impairment?

Yes

No

What is the student's specific diagnosis, including a DMS code if applicable, relating to their disability?

Answer the following question based on what limitations the student has when his or her condition is in an active state and what limitations the student would have if *no* mitigating measures were used, such as medical devices, assistive technology, medication, and hearing aids.

Does the impairment substantially limit a major life activity as compared to most people in the general population?

Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.

Yes

No

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

- | | | | | |
|--|--|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing | |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing | <input type="checkbox"/> Thinking | |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking | |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | |

Major bodily functions:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic | <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Immune | <input type="checkbox"/> Operation of an Organ | |

B. Questions to help determine whether an accommodation is needed.

A student with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with academic performance or accessing a benefit of education?

What educational activities/services or benefits of education is the student having trouble performing or accessing because of the limitation(s)?

How does the student's limitation(s) interfere with his/her ability to learn and participate in classroom activities?

C. Questions to help determine effective accommodation options.

If a student has a disability and needs an accommodation because of the disability, the college must provide a reasonable accommodation, unless the accommodation poses an undue hardship or fundamentally alters programs/services. While the provider may make recommendations, the college will ultimately determine the most effective and reasonable accommodation. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to assist the student in his/her ability to learn and participate in classroom activities, such as strategies the instructor will need to implement in order to facilitate learning in the classroom?

If so, what are they?

How would your suggestions improve the student's ability to learn and participate in classroom activities?

D. Other questions or comments.

Medical Professional's Signature:

Date:

Printed Name:

Clinic/Hospital Name:

Best Contact Number:

**Please return this form via fax to:
Office of Diversity, Equity, and Inclusion
Disability Support Services
Elkhorn Campus: 262-564-2879
Burlington Center: 262-564-2881
Kenosha Campus: 262-564-2529
Racine Campus: 262-564-2889**

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