

Black River Technical College
Disability Services
Pocahontas Phone 870-248-4000 ext. 4014/Fax 870-248-4100
Paragould Phone 870-239-0969 ext. 5015/Fax 870-239-2050

PROFESSIONAL DOCUMENTATION OF DISABILITY

*****This form is confidential and is to be completed by a physician or licensed professional. The purpose of this form is to assist BRTC Disability Services in providing accommodations to support the student in his/her academic career.**

Please include with this form a copy of your evaluation report concerning this student.

Yes No

Date: _____ Student Name: _____ SS#: _____

Student Address: _____

Diagnosis and Description of the Disabling Condition: _____

What is the date of the last examination? _____

Please list specific recommendations: _____

Current functional limitations that may inhibit this student in the educational environment:

Do you consider this illness/disorder to be a disability? Yes No

Do you consider this disability to be permanent? Yes No

Print name and title of examining physician or professional: _____

Address and phone number of examining physician or professional: _____

Signature of Examining Physician or Professional Date Signed

*****Note: Signature must be the signature of physician or professional.**

Rev. 6/13