

# John A. Logan College

700 Logan College Drive

Carterville, Illinois 62918-2500

618.985.2828

**Student Name:** \_\_\_\_\_ has requested reasonable accommodations from Disability Support Services at John A. Logan College. In order to determine the appropriate accommodations in accordance with our standards, the office is asking you to provide the following information:

1. DIAGNOSIS OF DISABILITY: \_\_\_\_\_  
(Please provide DSM-IV-TR)

2. LIMITATIONS (how does the disability substantially limit this person?):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. RECOMMENDATIONS (please be specific regarding academic participation):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. CURRENT MEDICATION(S), SIDE EFFECTS (if any): \_\_\_\_\_  
\_\_\_\_\_

## Physician's Contact Information

Name (printed) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street State Zip

Phone #: \_\_\_\_\_

Please remit this form by mail: Disability Service Coordinator  
700 Logan College Dr. Carterville, IL 62918  
Email: [disability@jalc.edu](mailto:disability@jalc.edu)  
Fax: 618.985.6610

