
SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

P.O. Box 780 • Memphis, TN 38101-0780 • (901) 333-5000 • www.southwest.tn.edu

Student Disability Services Office

Dear Medical or Health Care Provider,

Attached is a signed release form authorizing the Student Disability Services Office at Southwest Tennessee Community College to receive medical/psychological information on the student who is requesting to register with the office. This information is required to determine if the student has qualified disability that limits their daily life activities and functions. With this information the Student Disability Services Office can determine what academic accommodations and other services would be beneficial to the student while attending classes at Southwest Tennessee Community College.

Please complete the following Medical Documentation Forms and return them to Southwest Student Disability Services Office, P.O. Box 780, Memphis, TN, 38101. If you have any questions regarding this request, please contact Student Disability Services at (901) 333-4223 or (901) 333-5116.

Thank you for your cooperation. Your prompt reply will help us to process the student's eligibility in a timely manner.

Sincerely,

Courtney D. Gipson, MS, CRC

Director of Student Disability Services

Telephone: (901) 333-4223 or (901) 333-5116

Fax: (901) 333-4015

cgipson2@southwest.tn.edu

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MEDICAL DOCUMENTATION FORM

(Please print legibly)

Release of information

I, _____, authorize _____
(Physician's Name)

to release my medical records or information concerning my psychological/medical records to:
Student Disability Services at Southwest Tennessee Community College, to determine my eligibility for disability services
or academic accommodations.

Print name _____
(Student's Name)

Social Security Number _____ Date _____

Signature _____ Telephone _____

Please answer the following questions as completely as possible:

1. Are you the primary care physician for this patient? ☐ Yes ☐ No
2. How long have you treated this patient? _____
3. Date of last visit _____ Frequency of visits _____
4. Medical Diagnosis(es): Please include DSM IV Axis with recent GAF, if applicable:

Diagnosis	Date of Onset	Expected Duration: Permanent, Temporary or, Remitting/Relapsing	Prognosis: Progressive, Stable, or, Guarded

5. Has the patient been hospitalized for the above condition(s) within the past year? ☐ Yes ☐ No

If yes, please specify: _____

6. What medication(s) are currently prescribed for this patient?

Medication	Dosage	Side effects experienced by patient, if applicable

Physician's initials _____ Date _____

7. Is the patient compliant with prescribed medication and/or treatment? ____ Yes ____ No

If No, please explain (you may add a separate sheet for this item): _____

8. Please mark and indicate the current functional limitation(s) of the patient: (check all that apply)

Functional Limitation		Description	Degree of limitation		
			Mild	Moderate	Severe
	Hearing				
	Vision				
	Speech				
	Manual				
	Ambulation				
	Motor Coordination				
	Activities of Daily Living				
	Endurance				
	Respiratory				
	Climatic/Environmental				
	Concentration				
	Memory				
	Information Processing				
	Social Interaction				

9. Please list any specific academic accommodations or other services you recommend to address the functional limitations you identified above:

10. Do you have specialty evaluations or reports (ex. neuropsychological, psychiatric, visual, hearing, speech, physical therapy, occupational therapy, etc.) on this patient?

☐ Yes ☐ No If yes, please attach a copy.

11. Please use this additional space to provide any other information you believe will be helpful in assisting your patient in his/her academic endeavors.

Physician's Signature _____

Date _____

Telephone _____

0111198 NEW 12215

Southwest Tennessee Community College is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability or age in its program and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Executive Director of Human Resources and Affirmative Action, 737 Union Avenue, Memphis, TN 38103, (901) 333-5760.

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GUIDELINES FOR DOCUMENTATION OF LEARNING DISABILITIES

The following are Southwest Tennessee Community College's guidelines and criteria for documentation and certification of learning disabilities:

Southwest requires that each student have the appropriate diagnostician conduct tests and offer recommendations in order to qualify for reasonable accommodations.

In order for a student to receive learning disabled status and qualify for reasonable accommodations, the college requires, at a minimum, the following recent (**less than three years old**) psychological test data (**Note: A high school IEP is not a substitute for a psychological report**):

- An individual intelligence test score (e.g., WAIS-R FSIQ)
- A measurement of cognitive processing (e.g., Woodcock-Johnson cognitive scores)
- Achievement test data (e.g., Woodcock-Johnson achievement scores)
- A DSM-IV diagnosis on axes I and II
- An evaluation of ability to function in a demanding college environment which requires independent social functioning

A diagnosis cannot be accurately made without such data. Difference in scores between the IQ and processing and/or achievement standard scores should be more than 1.5 standard deviations, as generally recognized in the American Adult Educational System.

In addition, your provider must also document any specific weakness or disability area and specify an accommodation that would remedy the problem area.

It is the responsibility of the diagnostician to document the student's disability area (e.g., short-term memory processing problem or lack of organizational skills) and specify what actions Southwest should take to allow the student the opportunity to pass the course (e.g., extended test time or note-taking).

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PHYSICIAN'S CERTIFICATE OF TOTAL DISABILITY

I, _____, M.D., am a physician practicing in the medical specialty of _____
_____. I have examined (name of patient) _____, and
do hereby certify that he/she suffers from the below-described "permanent total disability, which totally incapacitates such person
from working at an occupation which brings him income" as defined in T.C.A., Section 49-3251 (below):

Date

Physician

Address: _____

TENNESSEE CODE ANNOTATED, SECTION 49-3251

Subsection (a) Auditing of Courses

Disabled persons and elderly persons auditing courses at state colleges or universities. (a) Disabled persons suffering from a permanent total disability which totally incapacitates such person from working at an occupation which brings in income, and persons sixty (60) years of age or older, who are domiciled in Tennessee, may audit courses at any state-supported college or university without paying tuition charges, maintenance fees, student activity fees, or registration fees; however this privilege may be limited or denied by the college or university on an individual classroom basis according to space availability. Provided further, that the provisions of this section shall not apply at medical schools, dental or pharmacy schools and no institution of higher education shall be required to make physical alterations of its buildings or other facilities to comply with this section. Prior to admittance, the university or college involved may require an affidavit or certificate from a physician or an agency charged with compensating the disabled person or adjudicating the permanent total disability of the person who is requesting admittance to classes, that such person is permanently disabled as set forth herein.

Subsection (b) Taking Courses for Credit

(b) Subject to the same terms and conditions as provided in subsection (a), disabled and persons sixty-five (65) years of age and older, who are domiciled in Tennessee as defined by subsection (a), may be enrolled in courses for credit at state-supported colleges and universities without payment of tuition charges, maintenance fees, student activity fees or registration fees, except that the Board of Trustees of the University of Tennessee and the Board of Regents of the State University and Community College System may provide for a service fee which may be charged by the institutions under their respective jurisdictions, the fee to be for the purpose of helping to defray the cost of keeping the records of such students and not to exceed \$85 a semester.

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