****Dear Student:**

We strive to be able to fully understand the impact of your disability/medical condition, so in addition to reviewing your documentation we would also like specific information on how your diagnosed condition is currently impacting your functioning and causing you substantial limitations in your life.

**Please address all three (3) of the areas listed below.** In addition to your personal response, you may also ask others who currently know you and have observed the impact on your life to submit answers to these questions.

Although we prefer to have your statements in your own handwriting, if handwriting your responses is too difficult for you, you may choose to record your responses and submit by email or audio file.

**1. Current Impact (*In past 6 months in areas of school, work, social, physical, personal care, etc.*)**

Describe in as much detail as possible how the diagnosed condition is *currently* impacting and substantially limiting your performance. If there are some classes or situations in which your disability is not impacting your performance, please explain why this is the case.

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**2. Impact within the past 1-2 years**

Describe in as much detail as possible how the diagnosed condition has or has not impacted and substantially limited your performance *in the recent past (1-2 years)*.

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**3. Accommodations/Services**

If you have tried any medical or educational interventions to manage the diagnosed condition, please explain what these were and how and why they have or have not helped.

**Describe accommodations or services that you think you will need and why.**

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Feel free to use the back of this form, or answer on additional paper.

Please call and speak to a Disability Support Services’ staff member for any needed clarification as you complete your impact statement. Please return your response to our office as soon as possible.