

6. Please describe the student's symptoms relating to this diagnosis.

N/A

7. Major Life Activities Assessment: Please review major life activities listed below and indicate the severity the impairment(s) places on each activity.

Life Activity	Negligible	Moderate	Substantial	Unknown
Walking *	☐	☐	☐	☐
Seeing *	☐	☐	☐	☐
Hearing*	☐	☐	☐	☐
Talking	☐	☐	☐	☐
Caring for Oneself	☐	☐	☐	☐
Reaching	☐	☐	☐	☐
Lifting	☐	☐	☐	☐
Sitting	☐	☐	☐	☐
Standing	☐	☐	☐	☐
Breathing	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐
Performing Manual Tasks	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Learning	☐	☐	☐	☐
Reading	☐	☐	☐	☐
Thinking	☐	☐	☐	☐
Concentrating	☐	☐	☐	☐
Memorizing	☐	☐	☐	☐
Interacting with Others	☐	☐	☐	☐
Other:	☐	☐	☐	☐
Other:	☐	☐	☐	☐