



Disability Services Mobility Disorders Documentation Form

Definition

Mobility disorders include a variety of physical disabilities with a large range of possible limitations including coordination difficulties, loss of limb functioning, and a variety of different organ disfunction. The severity of mobility disorders extends from difficulty with stamina to full paralysis. Assistive devices or aids such as canes, wheelchairs or prosthetics may be necessary to obtain mobility.

Examples of common types of mobility disorders

ataxia, dystonia, muscular dystrophy, multiple sclerosis (MS), Parkinson's disease, cerebral palsy, essential tremor. This is not an exhaustive list.

Common treating professionals for mobility disorders

movement disorder specialist, neurologist, medical doctor (MD), or orthopedic doctor

Notes for consideration

- Any accommodation recommendation should be in relation to the post-secondary environment.
- If there is a neurological symptom or result of the disability, additional current neurological testing is required to determine impairment. Include current data, evaluations and testing about the individual.
- Documentation may need to be updated to ensure appropriate accommodations over time for new or changing conditions. The full BOR guidelines can be found here: [BOR Disability Documentation](#)

Required documentation

Documentation should be provided by your treating specialist. The specialist may submit a letter on professional letterhead or complete the attached form. The following information is required:

1. Diagnosis and corresponding ICD code along with the professional's name, license number and signature
2. Description of the history of the individual's mobility disorder (when diagnosed, how it manifested and displayed in this particular person)
3. Description and details of current symptoms associated with the impairment and current functioning of the individual at the time of request for services
4. Current severity of the disorder and prognosis for this individual
Is it progressive, chronic, stable, episodic or temporary?
5. Data collected, evaluation or assessment that informed the diagnosis
6. Current treatment for this condition and side effects of treatment or medication
7. Limitations in relation to academics, housing, or the general college environment



Disability Services Systemic Disorders Documentation Form

Student name and GGC ID number:

ICD diagnosis name and number:

*Please fill out a new form for each diagnosis.

Description of the individual's history regarding their disability (i.e. date of diagnosis; how it manifested and displayed in the individual and data, assessment or evaluation performed to inform diagnosis)

Current symptoms associated with impairment

Description of functional impairment and current functioning especially in relation to the academic, housing or educational environment (attach updated data, assessments, or evaluations and summary used to determine current functioning)

Current severity of the disorder

Current prognosis for this individual
(chronic, episodic or temporary)

Present treatment plan and stability of the individual (include medications and side effects)

Provider name and title:

License #:

Provider address and phone:

Provider signature and date:

