

Concussion Documentation Form

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*(*as specified in College Guidelines)*

The student below has reported that they sustained a concussion within the past six months and will require accommodations to participate in Montgomery County Community College's events or programs. Concussion and Mild Traumatic Brain Injury (mTBI) are used interchangeably for the purpose of this form. Please fill this form out completely. **The Office of Disability Services is responsible for and will make final determinations of accommodations.**

Student's name _____ **Student's Date of Birth** _____

I _____ **give permission for the release of information to**
(Signature of student)

Disability Services for the purpose of determining academic accommodations.

Please describe this how each functional limitation will affect the individual's ability to participate fully in the post-secondary environment:

Have you any recommendations regarding accommodations to equalize this student's educational opportunities at the post-secondary level? Each recommended accommodation must have a clear nexus to one or more functional impairments; describe if not obvious.

Is this student currently on medication that may impact his or her performance in the educational setting?

Yes ____ No ____ If yes, please explain: _____

Anticipated duration for need of the accommodations described above (date and/or time frame from concussion onset): _____

Other comments. _____

Please attach any other information relevant to this student's social and academic adjustment at the College.

Please note that the Office of Disability Services is responsible for and