

Major Life Activities Form

Student Name: _____ Social Security Number: _____

Major Life Activity	School Related Description of Impairment (1)	Source of Information (2)	Mild					Severe						
			1	2	3	4	5	1	2	3	4	5		
Caring for oneself			1	2	3	4	5							
Performing			1	2	3	4	5							
Manual Tasks			1	2	3	4	5							
Walking			1	2	3	4	5							
Seeing			1	2	3	4	5							
Hearing			1	2	3	4	5							
Speaking			1	2	3	4	5							
Breathing			1	2	3	4	5							
Learning			1	2	3	4	5							
Working			1	2	3	4	5							
Other (4)			1	2	3	4	5							

1. Description of educational related behaviors associated with specific major life activities affected by mental or physical condition
2. Listing of persons and/or evaluation techniques used for identifying behaviors associated with impairment
3. Based on consideration of the nature, severity, and duration of the impairment
4. Other major life activities might include bending, stooping, reaching