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## **CONFIDENTIAL**

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 stipulate that post-secondary institutions have a responsibility to provide appropriate accommodations to students with documented disabilities. The determination of appropriate accommodations is an interactive process involving Student Access Resources, the student, and the medical or mental health provider.

Please note that a diagnosis does not automatically constitute a disability, and clinical recommendations do not equate to academic accommodations. Academic accommodations are determined based on current functional limitations to ensure equal access for students with disabilities and may not fundamentally alter the nature of the course(s).

To assist in determining the appropriate accommodations, please complete this form in its entirety. Please note that all information provided is confidential under the Federal Educational Rights and Privacy Act (FERPA) and **should only be completed by a licensed, treating healthcare professional.**

### **General Information**

**Student Name:**

**Date of Birth:**

**Initial Contact Date:**

**Most Recent Contact Date:**

**Frequency of appointments with student (e.g., weekly, biweekly, monthly, quarterly, annually, as needed):**

**Did you make the diagnosis, or are you providing treatment for a previously established diagnosis?**

### **Medical History**

**Primary Diagnosis (include ICD-10 or DSM-5 Code):**

**Severity of Primary Diagnosis:**

**Mild**

**Moderate**

**Severe**

**Secondary Diagnoses, if applicable (include ICD-10 or DSM-5 Code):**

### **Functional Limitations**

Please explain any impact that the student's diagnosis has on major life activities. Major life activities ***include but are not limited to***: hearing, seeing, mobility, writing, learning/studying, memory, concentration, reading, speaking/language, interpersonal skills, sleeping, attendance, and participation.

Should any of the student's medications or treatments for their disabilities be taken into consideration as it pertains to accommodations? If so, please list and explain.

**Provider Information**

**Provider Name:**

**Title:**

**Specialty:**

**License Number:**

**Practice Name and Address:**

**Email:**

**Phone:**

**Provider Signature:**

**Date:**

Attach any relevant documentation that you wish to provide, such as a psychoeducational evaluation, ARD report, audiogram, visual acuity, or other relevant test results, that would be of benefit in determining appropriate accommodations.