

Disability Documentation Form

In order to receive academic or housing accommodations, you will be asked to provide documentation from a qualified professional that verifies the presence of a disability and explains how it impacts your academic functioning. Documentation should support your accommodation request and could be in the form of a letter or by having a licensed healthcare professional complete all sections of this form below.

Student Name: _____ **Birth Date:** _____

Accommodations Requested: ☐ Academic ☐ Housing ☐ Both

History

Describe the nature of your professional relationship with the student (e.g., treating physician, psychologist, clinical counselor, independent expert evaluator, etc.).

What was the date of the most recent examination?

When did you first meet with the student regarding their condition or diagnosis?

Diagnosis

What is the student's condition or diagnosis?

What sources or instruments were used to evaluate and obtain information to verify the condition or diagnosis?

When was the date of onset of the condition or date of diagnosis?

What is the severity of the condition (mild, moderate, or severe)?

What is the prognosis or progression of the condition? Is the condition stable or episodic in nature? Explain.

Is the student currently prescribed medication or receiving treatment for this condition? If yes, please list the medications/treatments and indicate possible side effects (if relevant).

Medication/Treatment	Side Effects

Functional Impact

Explain how the student is substantially limited in one or more major life activities by their condition.

What is the functional impact of the condition in the university setting (including in the classroom and/or in the residence hall)?

Recommended Accommodations

Note: examples of academic accommodations could include testing accommodations, alternate media, or auxiliary services (including note-taking, interpreting, captioning) and housing accommodations could include a first floor or accessible room, single room, or use of private bathroom (this list is not exhaustive).

Describe any current or past accommodations/support services the student has received, including their effectiveness. (While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions).

List any recommendations for accommodations/support services.

Explain the logical relationship between the student's functional limitations and the recommended accommodations/support services.



Provider Information

Healthcare Provider Name:

License/Certification #:

State:

Phone Number:

Fax Number:

Office Address:

May we contact you if we have any questions about this student's accommodation request?

____ Yes ____ No

Healthcare Provider Signature: _____ Date: _____