

Provider Report for Accommodation Request

Student First, Middle and Last Name (Please print)

Student's Date of Birth

As the student's treating medical/psychological care provider, please answer the following questions:

1. Please describe the student's impairment giving a specific diagnosis. Include the date of diagnosis and date of last clinical contact with student.
2. Is the impairment you described permanent or temporary?
3. Provide a description of the functional impact of the diagnosis or medical condition. Describe the current functional impact on physical, perceptual or cognitive disabilities.
4. How does the impairment specifically impact the student's ability to perform in an educational setting?
5. Can you quantify the nature of the impact of the impairment? What assessment tools did you use? Please attach any assessments to this form.

