

Provider Report for Accommodation Request

\_\_\_\_\_  
Student First, Middle and Last Name (Please print)

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6WXGHQW¶V 'DWH RI %LUWK

\$V WKH VWXGHQW¶V WUHDWLQJ PHGLFDO SV\FKRORJLFDO FDUH SURYLQ

1. 3OHDVH GHVFULEH WKH VWXGHQW¶V LPSDLUPHQW JLYLQJ D VSHFL  
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. +RZ GRHV WKH LPSDLUPHQW VSHFLILFDOO\ LPSDFW WKH VWXGHQW

5. Can you quantify the nature of the impact of the impairment? What assessment tools did you use? Please

6. List any medication the student is prescribed to manage their condition.
  
7. Please provide any additional information or diagnosis that you feel will be useful in determining the nature  
D Q G V H Y H U L W \ R I W K L V V W X G H Q W ¶ V P H G L F D O