

Disability Documentation Form for Academic Accommodations For students with Psychiatric and Other Medical Impairments

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Endicott College is committed to the full participation of students with disabilities in all aspects of College life, including the classroom. Academic accommodations are legally-mandated modifications, adjustments, auxiliary aids, and/or services that give a student with a disability an equal opportunity to benefit from the educational process. It is useful to think of accommodations as adjustments to how things are normally done. Academic accommodations may include:

- Extended time on exams
- Reduced distraction environment for tests including breaks
- Provision of accessible instructional materials and effective communication services Other adaptations or modifications that enable a student to enjoy the benefits and privileges of the university's . programs, services, and activities.

Due to the fact that accommodations are not retroactive, students should contact Accessibility Services as soon as possible in order to ensure timely notice and coordination.

Student's Name: Date of Birth:

Care Provider Information	Practice Name and Address (Stamps welcome)
Provider Name:	
Credentials:	
Email:	
Telephone:	

A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, learning, reading, communicating, working, performing manual tasks, caring for oneself, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1.	Under the ADA, this individual has a (please select)	Disability or Temporary Impairment				
2.	Please cite the student's diagnosis:					
	Dx #1:	Diagnostic code:				
	Dx #2	Diagnostic code:				
	Dx #3	Diagnostic code:				
	From the: DSM-IV-TR DSM-V	ICD-9 ICD-10				

3. This condition is...

Permanent

Temporary. The anticipated duration of the condition is

4. Date of diagnosis: Made by you? Yes

Yes

- 5. Number of consultations with you in the past 3 years: Date of your most recent evaluation:
- 6. Length of time under your care:
- 7. Currently under your care?

No, care ended on:

No, Dx made by:

- 8. Medical/therapeutic equipment needed:
- 9. Describe any relevant side effects of prescription medication(s):
- 10. Using as much space as needed, please describe the type, severity, and frequency of symptoms currently experienced by the student, and how the disability interferes with the student's academic process.

11. Please indicate which modifications you believe are necessary to accommodate the student's medically necessary academic needs:

- Assistive Technology Audio Books
- Extended Time
- Extended Time With Breaks
- Foreign Language Waiver
- Peer Notes
- Use of a Computer
- Use of a Calculator
 - Other (please describe the academic access modification you believe is necessary):

12.	Explain how this alternative	to the standard academic	process would affect th	ne student's underlying condition:
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13. Any further comments you feel we should be aware of?

14.

I have attached documentation which led to this diagnosis.

My signature verifies that I am or have been this student's treating health care professional, that the contents are true and accurate, and that I am not a relative of the student.



Care I	Provider's	Signature
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Date

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This completed form is not to be given to the student. It should be sent directly to Endicott.

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Thank you for printing, signing and returning this form to Endicott's Center for Accessibility Services as soon as possible via:

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Email: access@endicott.edu **Fax:** 978-338-0643

US Mail: 376 Hale Street, Beverly, MA 01915

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Questions? Call: 978-998-7769

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