



**Purpose:** Educational Access Services (EAS) may request verification of a diagnosis or condition and the resulting functional limitations to determine appropriate accommodations. While this form may serve as supporting documentation, EAS has the right to request additional documentation if needed to support a requested accommodation. The completeness and detail of this form will contribute to the student’s eligibility for accommodations – use additional pages as needed.

**Student Information:**

Student Name: \_\_\_\_\_ Student 700#: \_\_\_\_\_

**Provider Information:**

Licensed Provider Name: \_\_\_\_\_

Provider Credentials: \_\_\_\_\_ License Number: \_\_\_\_\_

Organization or Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been seeing this student? \_\_\_\_\_

**DSM-V or ICD-10 Diagnosis(es):** \_\_\_\_\_

The above-documented diagnosis is:  permanent/chronic  temporary until \_\_\_\_\_

What tools or methods were used to evaluate the student’s symptoms and make the diagnosis(es)?

Describe the medications prescribed to the student and any side effects/functional limitations resulting from treatments or medications.

Do you suggest further assessment(s) concerning learning disability, psychological disabilities, neurological disability, and/or disabling conditions? Please list any recommended evaluations.



Describe the functional limitations and severity of the impact of this student's disabilities when it is active in the academic setting:

If the student experiences episodic flare-ups due to the condition, describe any triggers, the frequency and duration, and the types of services for management and recovery of a flare-up episode:

What are your recommendations for accommodations, auxiliary aids, or other support this student needs due to their disability?

*EAS will consider these recommendations on an individual basis.*

From your perspective, how do the recommended accommodations provide the student with equal opportunity to access the University environment/programming?

Other Comments:

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Provider Signature

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Date