

Date _____

Name of Student/Patient _____

Dear Healthcare Provider,

The above named student is requesting academic accommodations on the basis of a physical condition. In order to accommodate the student's request, we require documentation from you. You may write a letter, simply complete this form, or both.

Date of last contact with the student and frequency of your appointments.

A diagnostic statement of the student's medical diagnosis.

A description of present symptoms.

What is the current severity of the condition?

A statement of the current impact the physical condition has on the student's functioning, especially in terms of meeting the educational demands of a postsecondary environment.

Specific accommodations you recommend for the student, *along with a rationale* for why these accommodations are warranted based on the student's functional limitations

Name, Credentials, LICENSE NUMBER

Signature