

Date \_\_\_\_\_

Name of Student/Patient \_\_\_\_\_

Dear Healthcare Provider,

The above named student is requesting academic accommodations on the basis of a psychological disorder. In order for us to establish that the student has a disability, and identifying possible accommodations for the student, we require documentation from you. You may write a letter, simply complete this form, or both.

**A diagnostic statement of the student's psychological disorder.**

**PLEASE ALSO PROVIDE A COPY OF YOUR TREATMENT PLAN FOR THIS STUDENT.**

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**A description of the student's current functional limitations. In other words, how does the student's psychological disorder impact him/her in terms of meeting the educational demands of a postsecondary environment.**

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**State specific recommendations you have regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student's functional limitations.**

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\_\_\_\_\_  
Name, Credentials, LICENSE NUMBER

\_\_\_\_\_  
Signature