

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.	
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.	
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.	
Your Name, Credentials, LICENSE NUMBER, and Signature	