



Provider Please Complete

To qualify for accommodations at the University of Mary, a student must experience the adverse effects of a disabling condition which substantially limit one or more major life activities as outlined in Section 504 of the Rehabilitation Act and the Americans with Disabilities Act as amended. This form must be completed by a diagnosing professional, who should not be a relative of the student. Student Accessibility Services will use your information to determine this student's eligibility for reasonable classroom accommodations at the University of Mary.

A diagnostic report or a letter on the professional's letterhead stating the diagnosis and describing the functional limitations of the disabling condition can be substituted for the Request for Documentation.

Student's Name:

Date of Birth:

Name and Credentials of Evaluator:

Date of Most Recent Evaluation:

Diagnosis (DSM, Medical, Educational):

Diagnostic methodology used and specific results:

Describe how this disabling condition might limit the student functionally in the academic setting, in terms of how significantly the activity is affected by the disabling condition, the frequency with which the activity is affected, and how pervasive the disabling condition is in the performance of the activity.

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Describe documentation of interventions tried, current interventions or medications and their effectiveness in relation to the functional impact of the disabling condition. Information about any significant side effects from the current intervention(s) or medication(s) and their effect on physical, perceptual, behavioral, and cognitive performance is helpful.

Describe expected progression or stability of the disabling condition including expected changes over time, information on the cyclical or episodic nature of the disabling condition and any known suspected environmental triggers.

List recommendations for accommodations, adaptive devices, assistive services, and/or compensatory strategies and explain how each minimizes or compensates for the functional limitations of this student's disabling conditions.

Attach any additional information that verifies the functional limitations of the disabling condition.

I certify that the information submitted represents this student's **present level of functioning**.

Signature and Credentials

Print Name

Date

Organization (or attach business card)

Organization Address

Organization Phone