

Center for Academic Success and Accessibility Services Southern Connecticut State University New Haven, Connecticut 06515

Accessibility Services at Southern Connecticut State University requires that students with disabilities who request accommodations provide documentation from a licensed health professional (physician, psychiatrist, or other medical specialist). Documentation must support the need for accommodations as related to the status of the student's disabling condition.

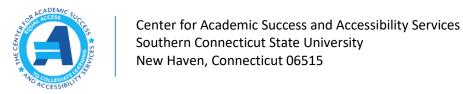
Please have your licensed health professional complete the following information.		
Student Name: SCSU ID Number:		
DIAGNOSIS INFORMATION		
Primary Diagnosis / Diagnoses		
Date of establishment / Age of Onset		
Date of most recent evaluation		
BACKGROUND HISTORY		
Please discuss any pertinent background information.		
EVALUATION PROCEDURES		
Please list assessment or evaluation procedures, results and any additional information related to the evaluation of		
the student's disability. (ex. specific testing, weekly therapy, check in appointments)		



Center for Academic Success and Accessibility Services Southern Connecticut State University New Haven, Connecticut 06515

CURRENT IMPACT OF DIAGNOSIS

Please describe the student's condition. We ask that you include how the condition impacts the student, educational history, level of impairment, progress and/or treatment as applicable.
IMPACT IN ACADEMIC SETTING
Please describe the limitations on learning and the degree to which the student's disability impacts academic performance and the demands of the academic program.
CURRENT MEDICATIONS
Please list any prescribed medications, dosages and any adverse side effects (if applicable).



RECOMMENDATIONS / ADDITIONAL COMMENTS

Please provide a list of recommended accommodations and how they will address the student's specific needs.		
EVALUATOR QUALIFICATIONS		
Name of Evaluator		
Titla	License Number	
Title	License Number	
Address		
Phone Number	Fax	
Signature	Date	