

**Documentation of Disability and Accommodation Recommendation Form**

This form should be completed by a professional appropriate to making such diagnosis or recommendations. For most disabilities this is limited to physicians, psychologists', psychiatrists, and other medical professionals at the Doctoral level. Some licensed professionals at the Master's level are acceptable. Please contact the Director of the Services for Students with Disabilities Office for more information, if needed (775.753.2271).

Name of the patient: \_\_\_\_\_

Date of the current evaluation: \_\_\_\_\_

Diagnosis or description of disability: \_\_\_\_\_

Date of the original diagnosis: \_\_\_\_\_

Description of the diagnostic criteria or diagnostic tests or procedures used in the diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of how the disability affects the individual and if it disrupts any major life activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of how the disability may affect the individual's academic performance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the extended progression or stability of disability over time:

---

---

---

Recommendations for accommodations within the educational setting:

---

---

---

---

---

Printed name of professional completing this form:

---

The credential professional completing this form:

---

Signature of professional completing this form:

---

License # \_\_\_\_\_ License Type \_\_\_\_\_

Date: \_\_\_\_\_