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: ________________________________________________________________

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_______________________________________________________________________

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

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

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

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Recommendations for accommodations within the educational setting:

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_____________________________________________________________________

Printed name of professional completing this form:

_____________________________________________________________________

The credential professional completing this form:

_____________________________________________________________________

Signature of professional completing this form:

_____________________________________________________________________

License # _________________________ License Type __________________________

Date:__________________________