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 the current functional impact of the disability (How does the disability affect the every-day life of the person and what areas of the person’s life does it affect?):

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Treatments, medications, assistive devices/services currently prescribed or in use and any associated side effects: ________________________________

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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:

_____________________________________________________________________

Date:_________________________