ENDICOTT COLLEGE

Disability Documentation Form

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL AND/OR TREATING CLINICIAN

Endicott College seeks to provide a supportive environment for all students and is committed to providing equal access to educational programs and services to our students with disabilities.

The student named below has requested a disability-based accommodation at Endicott College. A disability is defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and Amendments of 2008 as physical or mental impairment that substantially limits one or more major life activities. Examples of major life activities are listed in Item 3, below. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

Student's Name: _____ **Date of Birth:** _____

This form is to be completed by a treating clinician/qualified health care provider (who is not related to the student) with experience and expertise regarding the functional limitations of the student's disability that would impact the student's educational experience. Please complete this form in its entirety and attach any additional information. Verification forms returned partially complete could result in a delay or denial of accommodations.

Care Provider Information

Provider Name: _____

Credentials: _____

Email: _____

Telephone: _____

Practice Name and Address
(Stamps welcome)

1. **Under the ADA, this individual has a…** *(please select)* ☐ **Disability** **or** ☐ **Temporary Impairment**
2. **Please cite the student's diagnosis:**

Dx #1: _____ Diagnostic code: _____

Dx #2 _____ Diagnostic code: _____

Dx #3 _____ Diagnostic code: _____

3. **Please check the major life activity(ies) that are substantially limited by the disability/impairment:**

☐ walking	☐ hearing	☐ seeing	☐ manual tasks
☐ reading	☐ working	☐ learning	☐ breathing
☐ lifting	☐ eating	☐ sleeping	☐ concentration
☐ speaking	☐ thinking	☐ standing	☐ communicating
☐ bending	☐ self-care	☐ the operation of major bodily functions	
☐ other: _____			

4. **Date of diagnosis:** _____ **Made by you?** ☐ **Yes**
☐ **No, Dx made by:** _____

5. **What methods/assessments were used to make the diagnosis:**

6. **Number of consultations with you in the past 3 years:** **Date of your most recent evaluation:**

7. **Length of time under your care:**

8. **Currently under your care?** ☐ **Yes** ☐ **No, care ended on:**

9. **Current treatment and medication regimen (including treating clinicians, frequency of treatment, medications, medical equipment, and side effects):**

10. **Please describe in detail the symptoms currently experienced by the student**.

11. **Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the higher education environment**. *(Attachments welcome if additional space is needed.)*

12. Please indicate the approximate frequency of symptoms experienced:

- ☐ periodic - # of annual occurrences: ☐ X per month ☐ most days
- ☐ seasonal - # of annual occurrences: ☐ X per week ☐ daily

How long do symptoms persist?

13. Severity of primary diagnosis: (mild, moderate, severe, substantial)

14. Please describe and provide rationale for any accommodations you are recommending and explain how the accommodations you recommend would assuage the functional limitations of the student's underlying condition. Please note that suggested accommodations will be considered but not automatically included as part of students reasonable accommodations at Endicott College.

15. What are some possible alternatives if meeting your primary recommendation is not possible?

16. Any further comments you feel we should be aware of?

17. ☐ I have attached the supporting documentation for this diagnosis. _____

Please print and manually sign here

Care Provider's Signature **Date**

This completed form is not to be given to the student. It should be sent directly to Endicott.

Thank you for printing, signing and returning this form to Endicott's Center for Accessibility Services as soon as possible via:

Email: access@endicott.edu

Fax: 978-338-0643