

6. How do the student's disabilities limit his/her ability to function in an academic environment?

7. What are some accommodations that will help the student with tasks such as reading, taking tests, paying attention in class, note taking, etc.?

Please include a psychological evaluation or psycho-educational evaluation for LD & AD/HD if available. The report should include the following:

- Assessment/evaluation procedures along with scores of all tests administered.
- Relevant background information (i.e., history of disability).

I certify that the above referenced client/patient has a “physical or mental impairment that substantially limits one or more major life activities of such individual” as defined by the Americans with Disabilities Act.

In addition, I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge

Name of professional please print

Signature of professional

Date

Professional Credential _____

License/Certification #

Street Address

City

State

Zip

Please return this form as soon as possible so this student may receive accommodations.

Please include the necessary verifying documents from your files.