SIMMONS UNIVERSITY
DISABILITY SERVICES
Center for Student Success
300 The Fenway, Boston, MA 02115
p. 617.521.2474 f. 617.521.3079

Name of Student _____

SIMMONS ID# ___ ___ ___ ___ ___ ___ ___ ___

The Disability Services Office at Simmons College requires that students with disabilities who request accommodations provide documentation from a licensed health professional (physician, psychiatrist, or other medical specialist). Documentation must support the need for accommodations as related to the status of the student's disabling condition.

Please have your licensed health professional complete the following information.

DIAGNOSIS INFORMATION

Primary Diagnosis / Diagnoses _____

_____

Date of establishment / Age of Onset _____

Date of most recent evaluation _____

BACKGROUND HISTORY

Please discuss any pertinent background information.

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EVALUATION PROCEDURES

Please list assessment or evaluation procedures, results and any additional information related to the evaluation of the student's disability. (ex. specific testing, weekly therapy, check in appointments)

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CURRENT IMPACT OF DIAGNOSIS

Please describe the student's condition. We ask that you include how the condition impacts the student, educational history, level of impairment, progress and/or treatment as applicable.

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IMPACT IN ACADEMIC SETTING

Please describe the limitations on learning and the degree to which the student's disability impacts academic performance and the demands of the academic program.

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CURRENT MEDICATIONS

Please list any prescribed medications, dosages and any adverse side effects (if applicable).

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RECOMMENDATIONS / ADDITIONAL COMMENTS

Please provide a list of recommended accommodations and how they will address the student's specific needs.

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EVALUATOR QUALIFICATIONS

Name of Evaluator _____

Title _____License Number _____

Address _____

_____

Phone Number _____ Fax _____

Signature _____ Date _____