

7. Identify how this diagnosis may affect this student in an academic environment:

8. What supports do you recommend that would assist this student in an academic setting (i.e., extended test time, low distraction testing environment, etc.)?

(Functional Limitation) (Recommendation)

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(Functional Limitation) (Recommendation)

9. List current medication, dosage and frequency:

10. Identify how the medication might adversely impact the student in an academic setting:

11. Please provide any additional information that would be helpful in providing support to the student:

If accommodations are needed for a secondary diagnosis, please submit additional documentation. Documentation forms are online: www.ds.uncc.edu.

DOCUMENTATION COMPLETED BY ANYONE OTHER THAN THE TREATING PROFESSIONAL WILL NOT BE ACCEPTED

12. Printed Name and Credentials of Treating Professional: _____

Area of Specialty: _____

Address: _____

Phone: _____ FAX: _____

Signature: _____ Date: _____

RETURN THIS FORM WITH ANY ACCOMPANYING DOCUMENTATION TO:

Office of Disability Services

University of North Carolina at Charlotte

9201 University City Boulevard, 230 Fretwell, Charlotte, NC 28223-0001

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