

CERTIFICATION OF DISABILITY

Reasonable Accommodation

Name of student:	Date of Birth:
Diagnosis/disability:	Date of diagnosis (onset):
Prognosis:	Coexistent condition, if apply:
Approximately, how long do you understand the student will need a reasonable accommodation ?	

Please describe how the condition affect the student:

Please describe any limitations resulting from the condition that interfere with the student ability to perform their academic task:

Medical or psychological treatment (including medication):
Summary of assessment procedures that were used to make the diagnosis.
How long have you been treated this student ?
Accommodation(s) recommended:

I hereby certify that the information provided is true and accurate.

Name of Specialist	Specialty	# License
Address	Telephone	
Signature	Date	

The form must be completed in all its parts

