



## Disability Provider Form

Dear Provider:

Your patient/client, \_\_\_\_\_, has requested accommodations from Accessibility Services at Wesleyan University. The Accessibility Services office provides reasonable accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008, as well as other applicable state and federal laws.

Individuals requesting accommodations must disclose the nature of their impairment and provide documentation that verifies their current level of functioning. You have been asked to complete this Disability Provider Form as documentation for your client.

As the provider completing this form, you should:

- Have knowledge of the student's *current level of functioning* and *potential barriers to access* at the University.
- Complete the following pages as thoroughly as possible; inadequate information or incomplete answers may delay the eligibility review process.
- Submit this form and any supplemental documentation to Accessibility Services at [accessibility@wesleyan.edu](mailto:accessibility@wesleyan.edu), or via fax (860.685.4480), or send via mail to:  
Wesleyan University, North College 021  
237 High Street  
Middletown, CT 06459

Please note:

- In order for a student to be considered eligible to receive accommodations, documentation must show functional limitations that substantially impact the individual.
- All documentation received will be kept in a confidential student file within Accessibility Services.
- Accessibility Services will send notification to the student acknowledging receipt of documentation.
- This information may be released to the student upon request.

This form can also be completed electronically by downloading the fillable PDF form available on our website. <http://www.wesleyan.edu/studentaffairs/disabilities/providers.html>

If you have questions regarding this form or the accommodation process, please contact the office at 860.685.5581 or [accessibility@wesleyan.edu](mailto:accessibility@wesleyan.edu).

Thank you for your assistance.

Student First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Student Address (Street, City, State): \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Diagnosis (Include date of diagnosis, DSM-5/ICD-10 codes): \_\_\_\_\_

How was the diagnosis determined?

- Structured or unstructured interviews
- Behavioral observations
- Developmental history
- Educational history
- Medical history
- Neuropsychological testing (dates of testing): \_\_\_\_\_
- Psycho-educational testing (dates of testing): \_\_\_\_\_
- Standardized or non-standardized rating scales
- Other (please specify): \_\_\_\_\_

How would you categorize this condition?

- Stable
- Prone to exacerbation (please consider this when indicating impact, see chart on page 3)

Comments: \_\_\_\_\_

Duration of the impairment is:

- Permanent
- Temporary: Provide expected duration **OR** re-evaluation date: \_\_\_\_\_

If applicable, indicate any medications currently prescribed which may impact the student's functioning, including any impact produced by side-effects.

Please feel free to provide any additional relevant history, psychosocial, or contextual factors:

Indicate impact of client's condition on **each** of the following major life activities:

Life Activity	Mild	Moderate	Substantial	Unknown	N/A	Comments
Operation of a major bodily function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performing manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting/Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caring for oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (indicate): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate recommended reasonable accommodations for this student in relation to the impairment. Specifically discuss the rationale for each recommendation, relating each to a functional limitation identified on the previous page.

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State alternatives to meet the documented need if the above recommendations cannot be met.

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If other treatments are currently mitigating the limitations of the student's impairment, please provide rationale for further accommodations.

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Discuss the potential impact on your client if the recommended accommodation(s) cannot be granted.

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**I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.**

Provider Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_ License/Certification #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Verifying that you are not related to the student by blood or marriage)*