



DOCUMENTATION OF DISABILITY AND ACCOMMODATION NEED

Date _____

Dear Dr. _____
PRINT PHYSICIAN/PSYCHOLOGIST NAME

I, _____
PRINT FULL NAME OF STUDENT

ADDRESS

CITY, STATE, ZIP CODE

STUDENT'S TELEPHONE

STUDENT'S SIGNATURE

the above-named student, do hereby give my permission for the release of information about me in your possession, which attests to the existence of a severe and chronic disabling condition, to the Office of Disability Services at the University of Maine. The said condition may restrict access to educational programs and activities unless reasonable accommodations are provided.

Please provide the following information under separate cover and on practice letterhead. The authorized release of information is to include but not be limited to the following:

1. Presenting diagnosis(es) utilizing diagnostic categorization or classification of the ICD or DSM IV. Diagnoses should indicate primary, secondary, etc., and significant findings, particularly in respect to presenting problems.
2. Date the examination/assessment/evaluation was performed for the presenting diagnosis, or if following the student for an extended time, date of onset and date of an evaluation of the condition that is recent enough to demonstrate the student's *current* level of functioning.
3. Tests, methodology used to determine disability.

PLEASE do not send copies of the student's medical records.

4. Identify the current functional impact on the student's physical, perceptual and cognitive performance in activities such as mobility, self-care, note taking, laboratory assignment, testing/examinations, housing conditions/arrangements. Is this condition temporary? If temporary, what is the expected length of time to recovery?
5. Describe any treatments, medications, assistive devices/services the student is currently using. Note their effectiveness and any side effects that may impact the student's physical, perceptual or cognitive performance.
6. Recommendations for accommodations. Explain the relationship between the student's functional limitations and the recommendations.
7. Credentials (certification, licensure and/or training) of the diagnosing professional(s).

This information is kept confidential except as required by law.