

**Arkansas State University
Access & Accommodation Services
Phone 870-972-3964/Fax 870-972-3351**

PROFESSIONAL DOCUMENTATION OF DISABILITY

*****This form is confidential and is to be completed by a physician or licensed professional. The purpose of this form is to assist A-State Access & Accommodation Services in providing accommodations to support the student in his/her academic career.**

Please include with this form a copy of your evaluation report concerning this student.
Yes No

Date: _____

Student Name: _____

Student Address: _____

Diagnosis and Description of the Disabling Condition: _____

What is the date of initial diagnosis? _____

What is the date of the last diagnosis? _____

Please list specific recommendations: _____

Current functional limitations that may inhibit this student in the educational environment:

Do you consider the individual's illness/disorder to be a disability? Yes No

Do you consider this disability to be permanent? Yes No

Print name and title of examining physician or professional: _____

Address and phone number of examining physician or professional: _____

Signature of Examining Physician or Professional

Date Signed

*****Note: Signature must be the signature of physician or professional.**