



Americans with Disabilities Accommodations (ADA) Medical Provider's Form

A patient/client of yours has requested disability-related services from Ottawa University. Legal protection and eligibility for such services is based on the individual providing sufficient information to conclude that he or she has an impairment that substantially limits one of more major life activities, including the ability to make satisfactory academic progress in a college or university setting. As this individual's treating specialist, you are asked to provide the following information to assist the university in considering this student's accommodations request.

1. Patient/Client Name: _____
2. DOB: _____ Last Four Numbers of Social Security Number _____
3. What is (are) the diagnosis/impairment? (Please write this out rather than simply indicating the ICD or DSM code): _____
4. When was the diagnosis originally made? _____
5. Is the patient/client currently receiving your services? _____ If so, how often? _____
6. When did you last see the patient/client? _____
7. Is the impairment temporary (<3 months) or persistent? _____
8. Please identify any factors that may affect the severity of the impairment (e.g., compliance with medications, hearing aids, back brace, stress levels, etc.)

9. If there might be adverse side effects to medications, that would substantially impair the individual's ability to make satisfactory academic progress, please describe:

10. Which of the following limitations might substantially affect the patient's/client's ability to function effectively in a college or university environment? (Check all that apply):

<input type="checkbox"/> talking	<input type="checkbox"/> listening	<input type="checkbox"/> sitting	<input type="checkbox"/> seeing
<input type="checkbox"/> reading	<input type="checkbox"/> writing	<input type="checkbox"/> spelling	<input type="checkbox"/> concentrating
<input type="checkbox"/> memorizing	<input type="checkbox"/> sustaining attention	<input type="checkbox"/> completing work by a deadline	
<input type="checkbox"/> using a computer	<input type="checkbox"/> regularly attending class	<input type="checkbox"/> following instructions	



11. Please identify any additional functional limitations that might affect academic performance:

12. What method(s) were used to assess functional limitations of performance in an academic environment? (e.g., interview, tests, observations, etc.)

13. Please indicate your recommendations for accommodations. Please keep in mind that the impairment(s) must substantially affect the individual's ability to maintain satisfactory academic progress in a college or university setting.

- large print books and/or Braille
- audio taping class sessions
- sitting toward the front of the room
- providing instructions in advance
- opportunities to make up class sessions if hospitalized or evidence provided by health care professional that class attendance was impossible or not recommended
- extra time (extensions) to complete assignments
- additional guidance for following directions for assignments
- other (please specify): _____

Certifier Information

Clinician Name (please print): _____

Type of Professional License (e.g., MD, psychologist, LNP, MSW, etc): _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please return the completed form to:

Attn: Disabilities Services Coordinator: _____

Fax: _____

Email: _____@ottawa.edu

Phone: _____