

The Office of Disability Services
Dr. Thomas Huber, Coordinator
863.874.8672
4700 Research Way
Lakeland, FL 33805-8531
thuber@FLPoly.org

Request Form for Disability Services

Student's Name:	DOB:
Diagnostic Statement:	
DSM/ICD Diagnosis (if applicable):	
Description of the academic impact of the disability/disorder in the	e school setting:



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Date of most recent evaluation:
Date of onset of diagnosis/disability:
Name of diagnostician, credentials, and licensure:
Treatments, medications, and assistive devices/services currently prescribed or in use:
Description of the functional impact of the disability/disorder on the student's life:



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Expected progression or stability of the impact of the disability (and if temporary, how long?):
History of accommodations (if applicable):
Requested/suggested accommodations: