

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 school setting:

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:

Expected progression or stability of the impact of the disability (and if temporary, how long?):

History of accommodations (if applicable):

Requested/suggested accommodations:
