

**REQUEST FOR INFORMATION**  
**Academic Accommodation Request**

Please note: Your health care provider is not required to use this specific form. However, all the information requested here is necessary for the institution to consider any request for academic accommodation(s). This form is provided as a convenience. If you choose not to utilize this form, any letter from your health care provider must be on their official letterhead. Documentation without letterhead will not be accepted.

**STUDENT**

Student's Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please sign this form before providing it to your health care provider to complete.

By signing below, you consent to allowing your health care provider to share any information relevant to your need for accommodation(s), as shown on this form, with the Fairmont State University Office of Accessibility Services Coordinator for the next sixty (60) days.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### **Recommended practitioners for accepted documentation**

The following practitioners are accepted to provide documentation on the respective disabilities or conditions (all must be appropriately credentialed and licensed in their respective fields):

<b>Disability or Condition</b>	<b>Acceptable Practitioner</b>
Attention Deficit Hyperactivity Disorder	Neuropsychologist, Clinical Psychologist, Psychiatrist, Neurologist, Neurodevelopmental Physician
Chronic Illness/Health	Gastroenterologist, Rheumatologist, Endocrinologist, Internal Medicine, or other physician knowledgeable of condition
Developmental Disability (such as Autism Spectrum Disorder)	Neuropsychologist, Psychiatrist, Clinical Psychologist, Neurodevelopmental Physician
Head Injury/TBI	Neurologist, Neuropsychologist to include general medical physicians
Hearing	Audiologist (CCC-A), Otolaryngologist
Learning Disabilities	School Psychologist, Clinical Psychologist, Neuropsychologist, Neurodevelopmental Physician
Mental Health or Psychiatric	Psychiatrist, Clinical Psychologist, Social Worker (LCSW), Marriage/Family Therapist, Licensed Professional Clinical Counselor, Psychiatric Nurse Practitioner
Mobility/Physical	Physical Therapist, Orthopedic Surgeon, other physician knowledgeable of condition
Speech and Communication Conditions	Speech Language Clinician
Vision	Optometrist, Ophthalmologist

## HEALTH CARE PROVIDER

Qualified individuals with disabilities are entitled to reasonable accommodations under the Americans with Disabilities Act (“ADA”) and Section 504 of the Rehabilitation Act. In order to determine reasonable accommodation, Fairmont State University requires current and comprehensive documentation of the student’s disability. A disability is defined as a physical or mental impairment that substantially limits one or more major life activities or bodily functions. Accommodations are determined on a case-by-case basis and through an interactive process between the student and the Office of Accessibility Services (“OAS”). It is important to note that, under the law, determination of accommodation should be based on need and effectiveness, *not preference*.

This form must be completed by a licensed clinical professional or health care provider who is familiar with the student and their diagnosed disability and the impact it has on their functioning. *The provider completing this form cannot be a relative of the student.* **Diagnoses of Learning Disabilities must be accompanied by copies of the psychoeducational assessment.**

The following documentation is not adequate for determining accommodations:

- A brief note from a physician or health professional that simply provides a diagnosis without offering supporting documentation. This includes notes written on a prescription pad, as well as aftercare instructions;
- Evaluations that identify “challenges” but do not specifically diagnose a disability;
- Documentation that is outdated, incomplete, or does not clearly define the functional limitations of the disability;
- Individual Education or 504 Plans without supporting medical documentation; or
- Documentation of accommodations from a previous institution of higher learning.

An Individualized Education Plan (IEP), 504 Plan, outdated documentation, and evaluations normed on child scales may not provide sufficient documentation. These documents do however serve as an appropriate starting place for discussions about accommodations. A request for additional documentation, as well as further evaluation, may also be discussed to assist in the authorization of accommodations.

Your role as a licensed care provider is to thoroughly articulate the functional limitations of a student’s disability (a sentence or two is *not* sufficient). Functional limitations are ways in which the student's disability limits their functioning in major life activities and bodily functions. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

The Accessibility Coordinator will be responsible for determining which accommodations are appropriate to provide equal access, based on the functional limitations identified by you the provider, the institutional knowledge of Fairmont State University’s resources and processes, and the technical standards of the students’ classes.

1) **Diagnosis:** Please list all relevant diagnoses. If applicable, please list all DSM 5 or ICD Diagnoses (text and code):

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2) Approximate onset of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

3) How long have you worked with the student and are they currently under your care?

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4) Please describe how the student's disability impairment **substantially** limits their ability to perform a major life activity or bodily function (i.e. talking learning, hearing, seeing, performing manual tasks, etc.) as compared to most people in the general population, specifically in relation to the student's academic functioning, as well as the frequency and duration of the impairment.

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5) What treatment is the student receiving to address the symptoms and severity of the conditions described above (therapy, medication, etc.), if any?

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6) What specific recommendations for accommodation(s) do you have regarding academic functioning? Indicate if any recommendations are medically necessary.

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7) For each accommodation(s) listed above, please explain how the accommodation(s) will mitigate the impact of the student's disability in relation to their academic functioning. For example, why is more time for exams needed given the disability? There must be an identifiable relationship between the students' disability and the accommodation being requested.

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8) If the Office of Accessibility Services does not approve the requested accommodation(s), what would be the impact on the student relative to academic functioning?

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Thank you for your help in providing this information. Please complete the provider information below. This form should be signed and returned via fax, email or mail to the Office of Accessibility Services at Fairmont State University.

**All documentation submitted to the Office of Accessibility Services is considered confidential.**

***Provider Information***

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

State of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please return this form to:**

Fairmont State University  
Office of Accessibility Services  
1201 Locust Avenue  
Fairmont, WV 26554  
Phone: (304) 367-4543  
Email: [access@fairmontstate.edu](mailto:access@fairmontstate.edu)  
Fax: (304) 367-4584

***Attach Provider Business Card Here***