DISABILITY DOCUMENTATION FORM

University of Minnesota Duluth Disability Resources is evaluating a student request for disability accommodations.

This form must be completed by a qualified professional that is familiar with the student's diagnosed medical condition.

Accommodations are provided based on the documented disability and recommendations. . Thorough information and complete answers will assist Disability Resources in determining reasonable accommodations in a timely manner. Providers are welcome to attach documentation that provides evaluation and/or test results that support the diagnosis and describes the areas of impact.

The completed document can be returned using one of these methods:

Email: umddr@d.umn.edu

Fax: (218) 726-6706

Mail: UMD Disability Resources
1120 Kirby Drive
258 KSC
Duluth, MN 55812

Disability Information - Provider Form

Student Name: _____ ID# _____

1. Primary Diagnosis: _____

Additional Diagnoses: _____

2. Date of Diagnosis: _____

3. Expected duration of the diagnosis: _____

4. Severity of the condition: □ Mild □ Moderate □ Severe

5. Please state the medication or treatment the student is currently prescribed:

6. Does the student's disability/health condition significantly limit any major life activities? If yes, please describe the limitations and barriers. *(Examples of major life activities include things such as seeing, hearing, walking, speaking, learning, concentrating, thinking, sleeping, communicating, social interactions, etc)*

7. Share any specific recommendations regarding academic accommodations for this student:

8. Please add any additional comments that might be helpful when reviewing this request.

Healthcare Provider Information

Provider Signature:_____ Date: _____

Provider Name (print): _____ Title:_____

License or Certification Number: _____

Address: _____

_____

_____

Phone:_____ Fax: _____