

# Provider Report for Accommodation Request

### Student First, Middle, and Last Name (Please print)

Student’s Date of Birth

#### As the student’s treating medical/psychological care provider, please answer the following questions:

1. Please describe the student’s impairment giving a specific diagnosis. Include the date of diagnosis and date of last clinical contact with student.
2. Is the impairment you described permanent or temporary?
3. Provide a description of the functional impairment of the diagnosis or medical condition. Describe the current functional impact on physical, perceptual, or cognitive disabilities.
4. How does the impairment specifically impact the student’s ability to perform in an educational setting?
5. Can you quantify the nature of the impact of the impairment? For example, if it is an impairment of mobility, how far can the student walk before difficulty in a specific amount of time (Can attach documentation).
6. For any medications the student is taking for these conditions, are there effects that would impact classroom or educational activities?
7. Please provide any additional information or diagnosis that you feel will be useful in determining the nature and severity of this student’s medical condition in helping determine disability eligibility, and any additional recommendations that may assist Edgecombe Community College in determining appropriate accommodations:
8. What accommodations do you recommend for the student in his or her current setting? Please note time considerations when needed.

#### I certify, by my signature below, that the information provided above is true and accurate.

Signature: Date:

Print Name and Title: Phone:

Address of Practice:

# Please return this information to:

## Edgecombe Community College Johanna Underwood/Student Support Counselor

2009 W. Wilson Street Tarboro, NC 27886

(252) 823-5166 ext. 263