

Student name:

Date of birth:



PROVIDER FORM

This student has applied for services from Student Accessibility Services (SAS) at William & Mary. In order to determine eligibility, we require documentation of the student's disability. Under the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973, qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations necessary to ensure equal access to the University's programs and activities. To establish that an individual has a disability under the law, documentation must indicate that the individual has a current mental or physical impairment that substantially limits one or more major life activities. A diagnosis of a disorder does not automatically qualify an individual for accommodations. Documentation must be provided by a clinician or treating provider who is licensed and qualified to diagnose the condition and who is not a member of the student's immediate family. Should SAS determine that the submitted documentation is incomplete or insufficient, SAS will contact the student about submitting additional information.

1. Diagnosis/description of condition(s):

2. How did you arrive at your diagnosis/description of condition? Check all that apply.

Structured or unstructured interview with student	Neuro-psychoeducational testing	date:
Interviews with other persons	Psycho-educational testing	date:
Behavioral observations	Standardized rating scales	
Developmental history	Medical history	
Educational history	Behavioral observations	

Other:

3. Symptoms/manifestations of condition:

4. Severity of condition: Mild Moderate Severe

5. Is the condition permanent/chronic? Yes No If no, anticipated duration?

6. Date the diagnosis was formally established (enter N/A if no diagnosis):

7. Frequency of appointments:

8. Number of times student has been seen

9. Date student was last seen:

10. Current treatment(s)/therapy and prescribed medications and dosage?

11. Does the individual's condition substantially limit one or more major life activities?

If yes, list the activities below.

12. Optional: You may use the space below to provide any additional information that may help SAS support the student.

Please return the completed form to SAS via email (sas@wm.edu), fax (757-221-2538), or return to the student for submission. Thank you for your assistance with this process. **I, the undersigned, certify that the information provided for the aforementioned student is true and correct to the best of my knowledge and belief:**

Treating Provider Signature

Date

Treating Provider Name

Title

License Number

Name of Agency/Practice

Phone Number

Address