



Disability Documentation Form

Student Name: _____ D.O.B. _____

Diagnostic Information

Diagnosis _____

Date of onset: _____

Does this condition qualify as a disability under the Americans with Disabilities Act (ADA)?

Yes _____ **No** _____

Summary of Current symptoms (Please be specific): _____

Is this condition currently stabilized? Explain: _____

Medical Treatment Information

Indicate any treatment/medication and how it may affect educational performance:

Essential Supporting Information for Accommodations Request

Describe in detail any functional limitations the student will have in an educational setting, including attendance and demands of coursework: _____



Please make specific recommendations for academic or other accommodations so that we might provide an equal educational opportunity for your client/patient (examples may include dorm living adjustments, special monitoring/counseling/advising, reasonable extensions for completing course work and why, etc.)

Please indicate how accommodations might address level of impairment.

Signature: _____

(Please print legibly or this form may need to be returned to you for clarification.)

Please Print Name and Title/ License: _____

Address: _____

Phone: _____ Fax: _____

Date: _____

Thank you for your time and cooperation in assisting us with this student's request for assistance and/or accommodations.

Please mail this form directly to:

Jennifer Skinder
Accessibility Services
VCFA
36 College Street
Montpelier, VT 05602
disability.services@vcfa.edu

