

Reasonable Accommodations Disability Documentation

(To be completed by a licensed professional not related to the student) **APPLICANT** ☐ Rev. \square Mr. ☐ Miss \square Ms. □ Mrs \square Dr. ☐ Male ☐ Female _____ Student ID _____ Full Name ____ Middle Last LICENSED PROFESSIONAL \square Mr. ☐ Miss \square Ms. \square Mrs. ☐ Rev. ☐ Dr. License number Full Name _____ Middle **DISABILITY DOCUMENTATION** Is this student under your care? ☐ Yes \square No What is the diagnosis of the impairment? (Please use definitive language and avoid such speculative language as "suggests" or "could have problems"? Date of diagnosis _____ Please describe your credentials which qualify you to diagnose and /or verify the applicant's disability and to recommend an accommodation _____ What is the specific diagnosis, condition, or physical impairment that required accommodations? _____ Briefly describe the nature of the condition and describe how this affects the applicant _____ Current treatment consists of _____ Last date of treatment/consultation with applicant _____ Is this a permanent condition/disability? ☐ Yes \square No If no, when is the condition/disability likely to abate? Based on the applicant's condition/disability and your diagnosis, what accommodations would you recommend? _____



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| Please explain how the recommended accommodation relates to the applicant's disability | | |
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| Do you have written evaluations on the applicant's condition/disability? If Yes, please attach copies of the evaluation(s). | Yes | □No |
| Please complete the supplemental form for learning | disability reque | sts. |
| I certify that all the information on this form and that the attached hereto (if my knowledge and belief. I understand that this information may be reviewed retained by Western Seminary to assist in determining reasonable accommod | l by a physician | • |
| Signature of Licensed Professional | | Date |

Please return this form to:
Western Seminary
ATTN: Accommodations
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accommodations@westernseminary.edu