

Reasonable Accommodations Disability Documentation

(To be completed by a licensed professional not related to the student)

APPLICANT

Mr. Miss Ms. Mrs. Rev. Dr. Male Female

Full Name _____ Student ID _____
 First Middle Last

LICENSED PROFESSIONAL

Mr. Miss Ms. Mrs. Rev. Dr.

Full Name _____ License number _____
 First Middle Last

DISABILITY DOCUMENTATION

Is this student under your care? Yes 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 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 _____

Do you have written evaluations on the applicant's condition/disability? Yes No
If Yes, please attach copies of the evaluation(s).

Please complete the supplemental form for learning disability requests.

I certify that all the information on this form and that the attached hereto (if applicable) is true and correct to the best of my knowledge and belief. I understand that this information may be reviewed by a physician or licensed professional retained by Western Seminary to assist in determining reasonable accommodations.

Signature of Licensed Professional _____ Date _____

Please return this form to:
Western Seminary
ATTN: Michelle Workman
5511 SE Hawthorne Blvd
Portland, OR 97215-3367
(503) 517-1801 fax
mworkman@westernseminary.edu