



ST. BONAVENTURE
UNIVERSITY

Disability Provider Information Form

Please fill out the form below and attach appropriate supplemental documentation for your client _____.
Thank you in advance for your support and cooperation.

Practitioner Name/Title _____ Date _____

Address _____

Telephone _____ FAX _____

Specialty/qualification to make diagnosis _____

To be eligible for services your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These laws define a person with a disability as one who:

- (1) has a physical or mental impairment which substantially limits one or more major life activities, or
- (2) has a record of such an impairment, or
- (3) is regarded as having such an impairment.

"Major life activities" are functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one's self, performing manual tasks, reproduction, and working.

1. Diagnosis, instruments and procedures for diagnosis, date of diagnosis and date of last contact with student. Please include expected duration.

2. Describe the symptoms associated with the condition.

3. Severity of condition. (Mild, Moderate, Severe) _____

4. Check all relevant functional limitations that are substantially limited.

Walking Hearing Seeing Working Sleeping Caring for self

Interacting with others Learning (including memory/concentration)

Performing manual tasks Other, please describe _____

5. List current medication(s), dosage frequency and adverse side effects.

6. Please explain how each functional limitation will specifically affect your client in the academic environment.

7. Please suggest reasonable accommodations. Each recommendation must be supported by the diagnosis. Please discuss the rationale for each suggested accommodation relating it to a specific functional limitation.

8. Please state alternatives to meet the documented need if the first request cannot be met.

9. Please discuss the impact on your client's disability if the accommodation cannot be granted.

10. Additional comments:

Signature of Specialist

Date

Please note that the Disability Support Service Coordinator, in consultation with appropriate University officials, will make all final decisions on which accommodations will be granted.

Please return the completed form and supplemental documentation to:

Disability Support Service Coordinator

St. Bonaventure University

26 Doyle Hall

St. Bonaventure, NY 14778

(716) 375-2065

(716) 375-2072 (fax)

E-Mail: aspencer@sbu.edu