Yale *Student Accessibility Services*

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**Yale Student Accessibility Services
Academic Accommodations Form**

Provider documentation form for students with mental health conditions, ADHD, ASD, and other similar diagnoses requesting accommodations.

Student Information
Name: _____
Phone number: _____
NetID: _____
Yale email: _____

STUDENT (please sign below before providing this form to your provider to complete):
By signing below, I consent to allowing my treatment provider to share any information relevant to my request for an accommodation with Yale Student Accessibility Services.

Signature _____ Date _____

HEALTH PROFESSIONAL
The remainder of this form is to be filled out by a health professional who is CURRENTLY TREATING THE STUDENT.

The above-named student has indicated that you are their current treatment provider. Generally, Student Accessibility Services (SAS) accepts documentation from providers that have a clinical relationship with the student. The named student has signed this form giving written permission for you to share information regarding their condition and the impact on them with SAS. If SAS needs additional information, we may contact you. Thank you.

So that SAS may evaluate the student's request for accommodation(s), please answer the following questions. Alternatively, a provider may send a letter that includes the information requested below.

Diagnosis/Diagnoses:

Name of Condition	Date of Diagnosis	Diagnosed by (current treatment provider, previous doctor, other)?

If the student is in the process of being diagnosed, please indicate what conditions are being considered as a result of the functional limitations/symptoms the student is experiencing, and the timeframe for formal diagnosis.

Diagnostic Tools:
How did you arrive at your diagnosis (check all that apply)?

___ Interviews with client
___ Behavioral observations
___ Medical history
___ Psycho-educational or neuro-psychological testing
___ Interviews with others connected with the student
___ Developmental history
___ Self-rated or interviewer rated scales
___ Diagnosis occurred prior to my engagement with student

Characteristics of impacting condition(s) (check all that apply):

___ Stable ____ Episodic ___ Slow progression ___Rapid progression ___Improving

Medication and side effects:
Is this student taking any prescribed medications for this condition? If so, what medications are currently prescribed? Are there any known side effects that might impact the student's academic activities?

Treatment plan:

When did you first meet with this student (date)? _____

How often does the student receive treatment?

☐Weekly ☐Biweekly ☐Monthly ☐Annually ☐As needed

Impact of condition(s):

Which of the following major life activities have been impacted by the condition for the student for at least six months?

	Is there an impact as a result of the condition?	If yes, level of impact, with 1 being minimal and 10 being severe.	Any additional notes
Concentration			
Long Term Memory			
Short Term Memory			
Listening, especially as it pertains to academic settings			
Social interactions			
Self-Care (ADLs)			
Managing Internal Distractions			
Managing External Distractions			
Executive Function Skills			
Current level of academic engagement			
Stress Management			
Other: _____			
Other: _____			

To the best of your knowledge, is this student connected to any additional resources, on or off campus (i.e., YC3, tutoring, Poorvu, Cultural Center, Chaplain's Office, etc.)? If so, please indicate the resources.

If there have been crisis situations involved in this student's care, such as a hospitalization, please indicate dates and information below.

Provider Name: _____

Provider Email: _____

Provider Phone: _____

Provider Signature:_____

Provider License Number and area of specialization: _____

Address:

___Yale Health or Yale Mental Health and Counseling

___ If an outside Yale provider, please include street address, and phone number