Yale *Student Accessibility Services*

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Yale Student Accessibility Services
Academic Accommodations Form

Health care providers should complete this form in support of students with disabilities seeking academic accommodations.

STUDENT INFORMATION:
Name: _____ NetID:_____
Yale email: _____ Phone number: _____
Residential College or Graduate/Professional School: _____

STUDENT CONSENT:
Student, please sign below before providing this form to your provider to complete.

By signing below, I consent to allowing my health care provider to share with Yale Student Accessibility Services (SAS) any information relevant to my request for accommodations. SAS keeps all student disability-related information confidential, and information is only shared on a need-to-know basis with other University administrators for health and safety purposes.

_____ _____
Signature Date

HEALTH CARE PROVIDER:
The remainder of this form is to be completed by the student's health care provider.

The above-named student has indicated that you are a health care provider who supports the student having one or more academic accommodations at Yale to address one or more functional limitations resulting from the student's disability. The student has signed this form giving written permission for you to share information with SAS related to the student's request for accommodations. This form is confidential and will be shared only with other Yale officials with a need-

to-know, or as required by law. The submission of this form does not guarantee that the student will be approved for the requested accommodation.

This form is provided as a template. Providers are welcome to add additional information or skip questions if not applicable. SAS will accept a letter from you in lieu of completing this form. Should you choose to write a letter, documentation must be typed in English, on letterhead, signed, and dated. Documentation should include: (i) student's diagnosis and date of diagnosis; (ii) description of the functional limitations on a major life activity; (iii) prognosis of the disability and potential triggers; (iv) mitigations to offset the functional limitations, including medications, therapy, etc.; and (v) your name, contact information and credentials. Documentation guidelines are available on the SAS website. If you are writing a letter, please attach the student's signed consent to provide information to SAS from the first section above.

Thank you for your time and attention. If clarification is needed, SAS may reach out for more information using the contact information provided.

A person with a disability is defined as someone with a physical or mental impairment that functionally limits one or more major life activities.

DIAGNOSIS INFORMATION:
List relevant diagnosis(es) dates of diagnosis and diagnostic tools used to determine diagnosis.

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

Please explain the nature of the student's impairment. Is the impairment stable or likely to change over time? Describe expected changes and potential triggers that may cause changes, including exacerbating factors that may cause flare-ups or worsening of the impairment.

IMPACT OF IMPAIRMENT:

Please describe the functional limitation(s) caused by the impairment on the student's academic activity. Some activities to consider include: concentration, memory, class attendance, executive function skills, social interactions, and ability to perform in internships or clinical settings.

Please describe the impact of mitigation efforts (including but not limited to medications and treatment plans) on the student's impairments and the student's ability to perform academic activities.

Please list the academic accommodations the student is requesting and explain how the requested accommodations will address the functional limitations described above.

Please provide any other information about this student's disability accommodations request that you believe would be helpful for SAS to consider.

Please sign below and return to Yale Student Accessibility Services securely by FAX at 203-432-8250 or email at sas@yale.edu.

Name and Title: _____
License number and area of specialization: _____
Phone: _____ FAX: _____ Email: _____
Address: _____
Signature: Date: _____