Yale Student Accessibility Services
Reduced Courseload Form

Health care providers should complete this form in support of qualified students with disabilities seeking a reduced courseload accommodation.

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 a reduced courseload accommodation 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 substantially limits one or more major life activity. Students may qualify for a reduced courseload (two courses for one fall or spring term) on a temporary basis in rare cases if the student experiences an urgent medical need (i.e., an acute mental or physical health episode) and has completed at least one fall term at Yale and earned credits during that term.

DISABILITY INFORMATION:

Describe student's diagnosis and current symptoms/functional limitations.

Date of most recent contact and reason for contact with student.

Describe any acute episode or hospitalization related to the student's condition that may impact the fall or spring term for which the student is requesting this accommodation.

Describe student's treatment regimen, including outpatient programs, timeline, and/or medications to address the acute episode impacting the fall or spring term for which the student is requesting this accommodation.

Describe student's ability during treatment to attend two courses in-person and complete course work for the fall or spring term for which the student is requesting this accommodation.

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: _____