

Student Information

Name: _____ NetID: _____

Phone number: _____ Yale email: _____

STUDENT (*please sign below before providing it to your provider to complete*): **By signing below, I consent to allowing my treatment provider to share any information relevant to my need for an accommodation, as shown on this form, with Yale SAS staff.**

Signature

Date

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

So that we may better evaluate this request, please answer all of the following questions:

Historical/assessment Information:

Age of onset of symptoms:

Student's diagnosis(-es):

List the evaluation, diagnostic and assessment measures used in the determination of the diagnosis.

Date of diagnosis and evaluation (if applicable):

Do you consider this student's condition to be stabilized OR variable?

If variable, please describe and recommend a timeframe for reassessment.

Please explain how the individual's disability prevents them from having equal access to housing in a residential setting.

Summary of Current Care:

Date of initial contact with student **AND** how often have you seen them in the past 12 months?

Date of most recent formal contact/appointment with student:

Summary of student's current symptoms:

Describe the settings in which these symptoms have been most evident:

Describe the impact of the student's functional limitations and the impact of these in a residential housing setting. How does the limitation rise to the level of a disability and impact the student in a residential academic environment?

Describe the student's current needs/regimen pertaining to medication, therapy or other treatments.

Describe any medication side effects and how the medication is expected to affect the student's educational performance (if applicable.)

Are there crisis episodes related to the student's condition? If yes, please describe.

Please complete below and return to Yale Student Accessibility Services (SAS) by email (pdf): sas@yale.edu.

Name and Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date : _____

License information: _____