

CENTER FOR ACCESS-ABILITY RESOURCES
UNIVERSITY HEALTH SERVICES
DEKALB, ILLINOIS 60115-2879
(815) 753-1303 (VOICE OR TTY)
(815) 753-9570 FAX

The student, whose name and signature appear below, has requested support services based on the diagnosis of one or more disabilities. Students requesting such services from the Center for Access-Ability Resources (CAAR) are required, under section 504 of the Federal Rehabilitation Act of 1973, to submit documentation to verify eligibility and to aid in determining appropriate accommodations for the disability. **Please either complete and return this form, or send copies of diagnostic evaluations and progress reports (containing the requested information), to the address listed above.** Please consider this signed consent as authorization to release this information to the Center for Access-Ability Resources.

Student Name

Student Signature

Birthdate

Social Security Number

Please note: If the documentation is incomplete or inadequate to determine the extent of the disability and appropriate accommodations, CAAR will be unable to provide the above student with appropriate accommodations until sufficient information is received.

Diagnosis (should include a diagnostic statement identifying the disability, date of the current diagnostic evaluation and the date of the original diagnosis):

Description of the diagnostic criteria and/or diagnostic test(s) used (diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process):

Description of the functional impact of the disability (The current functional impact on physical, perceptual, and cognitive abilities should be described):

Treatment, medications, assistive devices/services currently prescribed (a description of the above in current use and their estimated effectiveness in ameliorating the impact of the disability. Significant side effects that may impact physical, perceptual, or cognitive performance should also be noted):

Progression or stability of the impact of the disability over time (this should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable needs for reevaluation):

Recommendations for accommodations, adaptive devices, assistive services, and support services (Based on the context of the diagnostic evaluation, recommendations for specific accommodations, adaptive devices, and/or assistive services that would ameliorate the functional impact of the disability and provide fuller access should be described. As appropriate, recommendations for collateral medical, psychological, and/or educational support services or training that would be beneficial may also be included):

Credentials to the diagnosing professional:

_____ Signature	_____ Print Name/Title
_____ Address	_____ Phone