



**PART II** (Completed by the Provider)

**To the Student:** This form must be completed by a qualified licensed healthcare professional and Russell Sage College reserves the right to request additional documentation

**To the Evaluator:** The student named below has represented that they have a disability which will require academic accommodation at Russell Sage College. The information you provide will be used to determine the appropriateness of the requested accommodation(s). Please take the time to complete this form and thoroughly answer all questions. We must receive an original form with your signature. We cannot accept substitutions for this. Please contact us with any questions. All information provided to us is confidential. With the student's permission, we may contact you directly for additional information to assist us in making a determination.

Please contact the Office of Accessibility Services with any questions.

1. Student Name: \_\_\_\_\_

2. Which academic accommodation(s) are you requested? (Please list and describe as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that Russell Sage is not required to provide a 1:1 attendant or tutor, any individually prescribed device, or any services of a personal nature.

3. Please identify the physical or mental impairment for which you are treating the student (the student's diagnosis or disability):

\_\_\_\_\_

4. Please list date of onset and severity: \_\_\_\_\_

5. How long have you been treating the student? \_\_\_\_\_

6. When was the last date of treatment you had with the student? \_\_\_\_\_

7. Please list any current functional limitations and educational impact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. For each academic accommodation requested above, please describe why the requested accommodation is necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Healthcare Professional Name: \_\_\_\_\_

Professional License: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_