**Student Accessibility and Support Services**

Joseph P. Vona Academic Annex

 2083 Lawrenceville Road

 Lawrenceville, NJ 08648-3099

***Accommodations ▪ Coaching ▪ Consultation***

T 609-895-5492

F 609-895-5507

accessibility@rider.edu

 [www.rider.edu](http://www.rider.edu)/sass

**Documentation of Chronic Medical or Health Disability**

***Confidential***

**TO BE COMPLETED BY STUDENT:**

**I hereby authorize**  **to**

**Release to and discuss with the Rider Student Accessibility and Support Services Office the information specified below.**

**Signature:** **Date:**

**TO BE COMPLETED BY PROFESSIONAL:**

To ensure the provision of reasonable and appropriate accommodations for students with chronic medical or health disabilities at Rider University, **this form must be completed by a licensed medical professional (e.g. physician, orthopedist, gastrologist)**.

Name of Student: Date of Birth:

Diagnosis:

Date of original diagnosis: Date student was last seen:

1. Please provide the following:

Date of most current evaluation:

Diagnostic criteria used:

Date and/or age of onset medical or health disability:

Nature of the medical disability (please circle):

Stable Variable Progressive

**The definition of disability according to the ADAA (Americans with Disabilities Act as Amended) is as follows:**

**“A physical or mental impairment that substantially limits one or more major life activities”**

1. Please check the “major life activity/ties” the disability substantially limits:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Caring for oneself |  | Performing manual tasks |  | Seeing |
|  | Hearing |  | Eating |  | Sleeping |
|  | Walking |  | Standing |  | Lifting |
|  | Bending |  | Speaking |  | Breathing |
|  | Learning |  | Reading |  | Concentrating |
|  | Thinking |  | Communicating |  |  |

1. Please indicate student’s current symptoms, likely impact on academic functioning in a college setting, and recommended academic accommodations:

Symptoms:

Functional Limitations:

Recommended Academic Accommodations:

1. Please identify any treatment in which the student is currently involved.

1. Please list all currently prescribed medication and any side effects which may impact the student’s academic functioning or any other area of the student’s college life.

1. What other information do you consider relevant to this student’s ability to succeed in a college setting?

1. **Please attach all relevant assessment data (including results of medical tests and other evaluations).**

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

 Print Name and Title:

 License #

 Agency Name:

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

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip:

**PLEASE MAIL, EMAIL, or FAX COMPLETED FORM TO:**

Student Accessibility and Support Services

Joseph P. Vona Academic Annex, Room 8

Rider University

2083 Lawrenceville Road

Lawrenceville, NJ 08648-3099

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