

**Arkansas State University
Access & Accommodation Services
Phone 870-972-3964/Fax 870-972-3351**

PROFESSIONAL DOCUMENTATION OF DISABILITY

*****This form is confidential and is to be completed by a physician or licensed professional. The purpose of this form is to assist ASTATE Access & Accommodation Services in providing accommodations to support the student in their academic career.**

*****Please include with this form a copy of your evaluation report concerning this student.**

Date: _____

Student's Name: _____

Student's ID#: _____

How do you classify the student's condition? Check all that apply. Disability Disorder
Impairment

Diagnosis and Description of the Disabling Condition: _____

Please list specific recommendations (**May include but not limited to: medication, counseling, etc.**): _____

What is the date of the last examination? _____

Current functional limitations that may inhibit this student in the educational environment:

Print name and title of examining physician or professional: _____

Address and phone number of examining physician or professional: _____

Signature of Examining Physician or Professional

Date Signed

*****Note: Signature must be the signature of physician or professional.**