Trinity College
HARTFORD
CONNECTICUT

Accessibility Request - Provider Form

Dear Provider:

You are being asked to provide documentation of disability for your client. Please fill out the form below and attach the appropriate supplemental documentation. Thank you in advance for your support and cooperation in this matter.

Practioner Name/Title_____Date_____

Address_____

Phone Number_____License or Certification Number_____

Specialty/qualification to make diagnosis _____

Student Name _____ Date of last appointment_____

To be eligible for services your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act (ADA). These laws define a person with a disability as one who (1) has a physical or mental impairment which substantially limits one or more major life activities, or (2) has a record of such an impairment, or (3) is regarded as having such an impairment.

Nature of disability (Formal Diagnosis). Please include expected duration:

Severity of condition. (Mild, Moderate, Severe, etc.):

Check all relevant functional limitations that are limited AND explain how each limitation will specifically affect your client in the academic environment.

FUNCTIONAL LIMITATIONS	Mild	Moderate	Substantial	Comments
Caring for oneself				
Performing manual tasks				
Seeing				
Hearing				
Breathing				
Sleeping				
Eating				
Standing				
Lifting				
Bending				
Walking				

FUNCTIONAL LIMITATIONS	Mild	Moderate	Substantial	Comments
Speaking				
Learning				
Reading				
Concentrating				
Thinking				
Communicating				
Working				
Operation of a major bodily function				
Other				

Which accommodations are appropriate for your client. Each recommendation must be supported by the diagnosis. Please provide rationale for each suggested accommodation relating it to a specific functional limitation.

Please state alternatives to meet the documented need if the first request cannot be met.

Please discuss the impact on your client's disability if the accommodation cannot be granted.

Additional comments:

Signature of Specialist Date

Please send to:
Coordinator of Student Accessibility Resources
Trinity College
Student Accessibility Resource Center
Library, A78 & A79
Email: SARC@trincoll.edu