

Is the student taking any medication to treat the impairment?

YES

NO

If YES, does the medication have any effects on learning or functioning in a college setting (e.g., Indicate when the medication is most effective, side effects that affect learning, etc.)?

What methods were used to assess functional limitation? Please list or attach any supporting information to this form.

What accommodations, adaptive devices, assistive services, or compensatory strategies do you recommend to help the student better access learning in higher education?

PLEASE NOTE: Ideally, if the assessor becomes aware of significant changes in any of the above, it is hoped that additional information would be provided.

Evaluator Credentials

Name: _____

Title: _____

Address: _____

Phone Number: : _____

Email: : _____

Signature: _____

Date: _____