



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?

**Evaluator Credentials**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: : \_\_\_\_\_

Email: : \_\_\_\_\_

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

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