Please read the following prior to completing this form:

Student Accessibility Services at Kent State University provides support services to students with diagnosed disabilities, including psychological and psychiatric disabilities. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from their diagnosing/current psychiatrist, psychologist or licensed counselor. This should include information that describes the symptoms of the disorder, medication prescribed, and recommendations for treatment.

Please provide the following information about (student):

1. DSM-IV Diagnosis & Code:
   Axis I
   Axis II
   Axis III
   Axis IV
   Axis V (GAF Score)

   Date of Diagnosis:  
   Last contact with student: 

   Is the student/patient currently under your care?  
   YES    NO

2. Describe the symptoms associated with this disorder:

3. Describe how this condition substantially limits a major life activity and how it may impact the student’s progress in an academic setting:

4. List current medication, dosage, frequency and possible adverse side effects as related to academic performance:

5. List other treatment(s) the student is receiving to manage his/her disability:


7. List any recommendations for accommodations you have for this student in an academic setting:


8. Please describe any specific concerns you may have, or other ways that we may be of further assistance to this student/patient:


Healhcare Provider Information

Printed Name and Title: ____________________________________________________________

Provider Signature: ____________________________ Date: ______________

Street Address: _______________________________ City: ______________

State: _______ Zip: _________ Phone: (______)____________________

The information you provide in this document is maintained in the office of Student Accessibility Services at Kent State University according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please mail or fax this completed form to:

Student Accessibility Services  Kent State University, Ashtabula
cjone154@kent.edu  phone(440)964-4232  fax (440) 964-4573