



## Request for Accommodation Consideration

To be completed by a licensed professional (not a family member), such as but not limited to a qualified medical doctor, nurse practitioner, psychiatrist, counselor, or social worker.

**Reason for Accommodation** *(Check one):*

- ADA Accommodation (Permanent)
- Short Term Medical

**Student name (First, MI. Last):** \_\_\_\_\_

**D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of initial diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of most recent reevaluation** *(If applicable):* \_\_\_\_/\_\_\_\_/\_\_\_\_

**Diagnosis description and history** *(I.e., 504 Plan, IEP, etc.):*

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**Instruments/procedures used to make diagnosis** *(Including evaluations results, if applicable):*

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**Treatment plan** *(Including medication, if applicable):*

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**Impact of diagnosis** *(Including description of the student's functional limitations as a result of diagnosis and how they might impact this student's functioning in daily life and educational settings. Failure to identify major life activities impacted by disability will result in no accommodations being approved.):*

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**Recommended accommodations:**

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**Provider's Information**

Provider's Signature: \_\_\_\_\_

License #: \_\_\_\_\_

Print or type name and title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

**Direct questions to, or simply submit this form and any additional information via fax, e-mail or mail to:**

Accommodations Services

Bellin College

3201 Eaton Road

Green Bay, WI 54311

**Office Phone:** 920-433-6656

**Fax:** 920-433-1922

**Email:** [accommodations@bellincollege.edu](mailto:accommodations@bellincollege.edu)