

Granite State College

25 Hall St Concord, NH 03301

(603) 513-1140

Disability Provider Information

Dear _____

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.

Practitioner Name / Title _____ Date _____

Address _____

Phone and Fax _____

The above person is applying for services from the Disability Services Center at Granite State College. To help our office make the most appropriate determination of accommodations, the following information is requested. Please print clearly and completely fill out the form. If you have questions, please call (603) 513-1140.

1. Statement of conditions/disability: _____

Summary of assessment procedures/evaluations used to make the diagnosis:

2. The above-mentioned disability is/are: _____ Permanent/Chronic _____ Temporary

The severity is: _____ Mild _____ Moderate _____ Severe

3. In your professional opinion, is this a condition that substantially limits one or more major life activities as defined in the ADA? Major life activities mean functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Yes _____ No _____

4. Functional limitations within an academic setting - due to disability (check all that apply):

limited ambulation visual acuity degree of hearing loss
 easily distracted severe test anxiety difficulty maintaining energy

Substantial difficulty with (check all that apply):

processing auditory information concentrating memorizing information
 using hands writing processing visual info performing math calculations
 organizational skills reading comprehension reading decoding
 handling multiple tasks Other: (please specify) _____

5. Services and accommodations that you would recommend for this student that are SPECIFICALLY related to symptoms and diagnosis (check all that apply):

audio books e-books extended test time
 quiet testing space recording device voice recognition program
 ASL interpreters classroom accommodations
 Other: (please specify) _____

Please list other accommodations that you might recommend and rationale:

Please sign and date below, as well as indicate your title and credentials.

Name: _____

Title/Credentials _____

Signature: _____

Date: _____

Please return the completed form and supplemental documentation to:

Granite State College
Student Disability Services
25 Hall Street
Concord NH 03301
(603) 513-1140
Fax: (603) 415-1038 (confidential fax line)