Northeastern ILLINOIS UNIVERSITY

Student Disability Services

5500 North St. Louis Avenue
Chicago IL 60625 – D 104
773-442-4595

Provider Report for Accommodation Request

_____
Student First, Middle and Last Name (Please print)

_____
Student's Date of Birth

As the student's treating medical/psychological care provider, please answer the following questions:

1. Please describe the student's impairment giving a specific diagnosis. Include the date of diagnosis and date of last clinical contact with student.

2. Is the impairment you described permanent or temporary?

3. Provide a description of the functional impact of the diagnosis or medical condition. Describe the current functional impact on physical, perceptual or cognitive disabilities.

4. How does the impairment specifically impact the student's ability to perform in an educational setting?

5. Can you quantify the nature of the impact of the impairment? What assessment tools did you use? Please attach any assessments to this form.

Northeastern ILLINOIS UNIVERSITY
Student Disability Services
5500 North St. Louis Avenue
Chicago IL 60625 – D 104
773-442-4595

6. List any medication the student is prescribed to manage their condition.

7. Please provide any additional information or diagnosis that you feel will be useful in determining the nature and severity of this student's medical condition in helping determine disability eligibility, and any additional recommendations that may assist NEIU in determining appropriate accommodations:

I certify, by my signature below, that the information provided above is true and accurate.

Signature: _____

Date: _____

Print Name and Title: _____

Area of Specialty: _____

State of License: _____ License Number: _____

Address of Practice:

Phone Number: _____

Please return this information to:
Director for Student Disability Services
Northeastern Illinois University
5500 N. St. Louis Ave., D104
Chicago, IL 60625