



Academic and Housing Documentation Provider Form

The student named below has requested accommodations from Student Accessibility Services (SAS) at the University of Maine. To determine eligibility and to provide accommodations, we require documentation of the student's disability.

This form is to be completed by a healthcare provider. Forms filled out by the student or parent will not be considered documentation of disability. The information you provide will not be filed with the student's other educational records but will be kept in the student's file at SAS, where it will be held confidential. In addition to the requested information, please attach any other information you think would be relevant to the student's accommodations. Please contact us if you have questions or concerns. Thank you for your assistance.

Student Name: _____ Date of Birth: _____

Provider Information

Provider Name (Print): _____

Title: _____

License/Cert Number and Issuing State: _____

Address: _____

Phone Number (____) _____ - _____ Fax Number (____) _____ - _____

Email: _____

Student Disability Information

Date of initial contact with student _____

Date of most recent contact: _____

Frequency of Contact since Initial: _____

Please provide the student's diagnosis(es): _____

Explain severity and any situations or environmental conditions that might lead to an exacerbation of condition.

Please check which of the following, if any, are affected by the student's disability and to the extent that they would create barriers in a higher education setting.

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Attending class					
Auditory processing					
Concentration					
Eating					
Executive functioning, including time management and organization					
Hearing					
Making and keeping appointments					
Managing Internal Distractions					
Managing External Distractions					
Memory					
Participation in on-campus living					
Physical (walking lifting, standing, sitting, etc.)					
Reading					
Self-care					
Sleeping					
Social interactions and Communication					
Timely submission of assignments					
Writing					

Please list any other barriers not listed above and their impact: _____

Provide information regarding the student's current presenting concerns and current symptoms. **Please address academic, and if needed housing concerns.** Please describe current treatment, interventions and expected prognosis of the condition.

Are there any side-effects of prescribed medications that would impact the student's learning or campus experience?

Provider Recommendations:

Please provide any recommendations for academic and/or housing accommodations that you would find appropriate based on the student's current disability-related barriers. Determination of reasonable academic or housing accommodations will be based on the student's self-report, the disability representative professional's experience, and the documentation provided.

Certification

Provider signature: _____ Date: _____

Please return completed form to:

University of Maine Student Accessibility Services
Center for Accessibility and Volunteer Engagement
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Orono, ME 04469-5779
Fax: 207.581.9420
um.sas@maine.edu