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DISABILITY SUPPORT SERVICES
FROSTBURG STATE UNIVERSITY
101 BRADDOCK ROAD
FROSTBURG, MD 21532-2303
301.687.4483
FAX: 301.687.4671

DISABILITY ACCOMMODATIONS FOR STUDENTS

The student named below has asked to register with Disability Support Services (DSS) at Frostburg State University. DSS requires documentation of the student's disability in order to establish eligibility and provide services.

This evaluation form must be completed by a licensed healthcare or mental health professional including a physician, nurse practitioner, psychiatrist, clinical psychologist, clinical social worker, or professional counselor.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a disability exists and the disability substantially limits one or more major life activities. A diagnosis of disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the request for accommodations and academic adjustments.

After completing this form, please fax or email it to the DSS fax number or email address listed above. The information you provide will not become a part of the student's educational records but will be kept in the student's confidential file at DSS. Please contact DSS if you have concerns or questions. Thank you for your assistance.

ITEMS 1-3 TO BE COMPLETED BY STUDENT:

1. Name of Student: _____
2. Student Date of Birth: _____
3. Student Signature/Date: _____

ITEMS 4-10 TO BE COMPLETED BY CERTIFYING PROFESSIONAL:

4. Date of Diagnosis: _____ Date of last visit: _____

5. ICD 10 or DSM-5 diagnoses:

6. Are there any coexisting conditions, including other disabilities, or medication side effects that should be considered when providing accommodations?

- | | |
|--|--|
| <input type="checkbox"/> Interview with the person him/herself | <input type="checkbox"/> Neuro-psychological testing |
| <input type="checkbox"/> Interview with other persons | <input type="checkbox"/> Psycho-educational testing |
| <input type="checkbox"/> Behavioral history | <input type="checkbox"/> Educational testing |
| <input type="checkbox"/> Developmental history | <input type="checkbox"/> Medical history |
| <input type="checkbox"/> Educational history | |

Comments:

Please attach copies of testing reports if available.

8. Please check below the major college life activities that are affected to a substantial degree because of the disability.

- | | |
|--|--|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Classroom group functioning |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Regular class attendance |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Managing deadlines |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Focusing or concentrating | <input type="checkbox"/> Test-taking |
| <input type="checkbox"/> Social interactions | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Writing | |

9. Please indicate your recommendations regarding academic, testing, and/or housing accommodations and accompanying justifications for this student. See next page for common accommodations.

Accommodation	Justification

10. CERTIFYING PROFESSIONAL*:

Printed Name/Degree/Field

Signature

Date

License Number

Telephone

Fax

Street

City

State

Zip

All reasonable, justified requests for accommodations made by a qualified healthcare or mental health professional will be considered by Disability Support Services. Commonly requested accommodations are listed below.

Common Testing Accommodations

- Extended time to complete tests, quizzes, and other timed assignments
- Low-distraction testing environment
- Isolated testing environment
- Alternate test form (e.g., braille, reader/taped exam, scribe/dictated exam)
- Basic function calculator
- Increased font

Common Classroom Accommodations

- Specified seating (e.g., near exit, near professor)
- Option to record lectures
- Note-taking services
- Alternative texts (e.g., audio, braille)
- Software/hardware (e.g., use of tablet, smart pen, adaptive/assistive technology)
- Attendance considerations
- Captioned films/videos
- Interpreter services (e.g., sign language)
- Magnification devices
- Accessible desks/table

Other Accommodations

- Housing-related requests
- Dining-related requests (e.g., food allergies)