

THE UNIVERSITY OF CHICAGO

PROVIDER REPORT FOR ACCOMMODATIONS REQUEST

Student Name (Please Print): _____

DOB: _____

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

1. Please describe the student's impairment giving a specific diagnosis. Include 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 abilities.
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? For example, if it is an impairment of mobility, how far can the student walk before facing difficulty in a specific amount of time? Attach any relevant lab or test reports.

