



Dear Practitioner,

The student below is requesting disability-related accommodations from Roger Williams University, through the Student Accessibility Services Office (SAS). We are requesting your input regarding the individualized assessment of their condition.

The ADA Amendments Act of 2008 defines disability as a current, long-standing condition that substantially limits a major life function (such as, but not limited to concentration, learning, seeing, hearing, walking, etc.) or major bodily function (such as but not limited to immune, respiratory, cell division, digestive, bowel, neurological, brain, circulatory, etc). Not all conditions qualify as a disability, but an individualized assessment establishes the nature, severity and duration of the condition, as well as the level of impact to a major life or major bodily function in the educational or physical environment.

**Please type your responses in this fillable form with as much detail as possible to help the SAS staff determine the presence of a disability for this student. Your information will also help support their equitable inclusion in academic and residential life at Roger Williams University.**

Thank you for your time,  
*The Staff of Student Accessibility Services*

**Student Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**RWU Student ID #:** \_\_\_\_\_ **Class rank (FR, SO, JR, SR):** \_\_\_\_\_

Diagnosis in the area(s) of [circle all that apply]:      **Psychiatric**      **Physical**      **Medical**      **Learning**

Diagnosis/es: \_\_\_\_\_

DSMV or ICD-10 code(s): \_\_\_\_\_

Date of Last Clinical Contact: \_\_\_\_\_

Date of Initial Diagnosis: \_\_\_\_\_ By whom: \_\_\_\_\_

Evaluation method(s) used: \_\_\_\_\_

Severity of current symptoms (circle one):      **Mild**      **Moderate**      **Severe**

Condition is (circle one):      **Stable**      **Temporary**      **Prone to exacerbation**      **Episodic**      **Permanent/chronic**

<u>Impact of Conditions</u>	<u>Minimal</u>	<u>Significant</u>	<u>Severe</u>	<u>N/A</u>
<b>Life Function</b>				
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading / Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>				

**Bodily Function**

Neurological	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Circulatory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive or Bowel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immune System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>				

**Description of the Progression or Stability of the condition over time and in context:**

**Optional:** You may wish to recommend reasonable accommodations for your student. Please provide detailed evidence to demonstrate how the accommodation is essential for equal enjoyment and use of the residential or the academic environment as appropriate.  
*(Please note: final determination for approving accommodations rests with the University.)*

Accommodation(s):

Evidence of Need of Accommodation(s):

*I understand that the information provided will become part of the student's record and may be released to the student upon his/her written request.*

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Practitioner Name  License #   
Address   
City  State  Zip   
Phone & Extension #   
Practitioner Signature  Date \_\_\_\_\_  
*By typing your name, you are signing this form electronically*

**The student has given permission to communicate with RWU**

***Please save, attach, and email the completed form to the Student Accessibility Services office at [sas@rwu.edu](mailto:sas@rwu.edu)***