

Dear Student,

Filing a request for a reasonable accommodation? In order to provide you with an accommodation that will help you to be successful at MassArt, we will need some additional information documenting your psychiatric condition. **Please have your physician or therapist answer the following questions and sign this letter.** In addition to providing this information, please sign this form giving us permission to contact to health care provider for clarification of the information provided. Feel free to add additional pages to this questionnaire if you do not have enough space.

1. Please provide a DSM IV multiaxial diagnosis of the student's condition.

2. Please give:
A: the date of the diagnosis _____
B: the date the student was first seen for the condition _____.
C: the date the student was last seen for the condition _____.

3. How did you arrive at the diagnosis:
a. Structured Interview with the student _____.
b. Unstructured Interview with the student _____.
c. developmental history _____.
d. neuropsychological testing _____.
e. Other (please specify) _____.

4. What major life activities are affected by the diagnosis and the level of the limitation? Please rate the student on a scale of 1-5 with 5 as profoundly limited and 1 being minimally limited.

5. What medication(s), if any, is the student taking for the symptoms related to the condition? Does the condition persist with the medication?

6. What is the student's prognosis and how long is academic achievement expected to be impacted by this condition?

7. How do the symptoms currently manifest themselves and affect the student's performance?

8. Is there any additional information you would like to add and what accommodations would you recommend as appropriate.

Provider Name and Title: _____ Date: _____

Provider's signature: _____

Contact Information: phone: _____ address: _____

Student's Name: _____

Student's Signature: _____

(By signing this document, I give permission to release this information to MassArt. If under 18, a parent must give permission to release information.)

Parent Signature: _____