



Disability Resource Center

Student Affairs

UNIVERSITY OF GEORGIA

CONFIDENTIAL

The Americans with Disabilities Act (ADA) stipulates that postsecondary institutions are responsible for providing necessary accommodations when a student discloses a disability. In an effort to provide appropriate accommodations for this student please complete all appropriate sections of this form as comprehensive documentation assists the Disability Resource Center in determining appropriate accommodations. This information is confidential under the Federal Educational Rights and Privacy Act (FERPA). If you have any questions, please contact us at (706) 542-8719.

Student Name: _____ **D.O.B:** _____

Current Diagnosis(es) with DSM5/ICD10: _____

Diagnostic criteria or evaluation method used: _____

Expected duration/prognosis of the condition: _____

Identify the major life activities affected, and symptoms experienced, due to the diagnosis and their possible impact within an academic environment:

Suggest accommodations and/or appropriate support services: _____

Will diagnosis(es) impact course attendance and/or participation? If so, what support is recommended:

List disability related medications and side effects that may impact the student academically:

Provider Information

Name: _____

Title: _____ Specialty: _____

Office Address: _____

Phone: _____

License/Certification # and State of License: _____

Date of last service provided to student: _____

Signature: _____ Date: _____

***Please attach any relevant information, such as a psychoeducational evaluation, audiogram, visual acuity, or other pertinent test results, that would be of benefit in determining appropriate accommodation**