

Submission Instructions

Please return this form in its entirety and return to the Office of Student Access and Wellness.

Tel: 888.374.1626 x30204 ♦ Fax: 866.853.2088 ♦ Email: access@rockies.edu

Student Information

Student Name: _____ Student ID: _____

Preferred Contact Method: Phone: _____ Email: _____

Major/Program of Study: _____ Program Modality: Online Campus

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

Please provide the following information in full to assist the Office of Student Access and Wellness Professional Staff in determining reasonable accommodations to support the student.

Section A: Diagnosis and Limitations (Documentation of Disability)

Primary Diagnosis: _____ Dx Code: _____

Secondary Diagnosis: _____ Dx Code: _____

Limitations related to above diagnosis/diagnoses as they pertain to the educational setting:

Impact on (check all that apply):

- Concentration Emotional Hearing Memory Mobility
 Vision Well-being Other: _____

Condition is: Stable Prone to Exacerbations

Duration of Disability: Permanent or Chronic Temporary

If temporary, anticipated duration: From: _____ To: _____

Section B: Accommodation Recommendations

Description of any medications, assistive devices, auxiliary aids, services, or accommodations currently in use or used in the past that may assist in the provision of educational accommodation(s):

Additional recommendations for accommodation(s) that may assist in accessing the educational environment:

Section C: Specific Documentation of Exacerbation of Symptoms for Special Consideration

Dates impacted by exacerbation of symptoms/hospitalization: From: _____ To: _____

Description of the exacerbated symptoms and how they impacted participation in the educational environment (this may include, but is not limited to, office visits, surgery, hospitalizations or medication changes):

Section D: Professional Certification

Signature of Certifying Professional: _____

Title: _____ License number: _____

Address: _____

First Name: _____ Last Name: _____

Phone: _____ Date: _____

Stamp: