



Temporary Accommodations Documentation Checklist and Guidelines

To ensure the provision of necessary and reasonable accommodations and services, students must first submit current and comprehensive documentation to Student Accessibility Services that demonstrates a substantial limitation to one or more major life activities as defined under the ADA-AA.

Please have your licensed health professional use the following checklist to use as a guide to type a detailed statement for consideration of your accommodation request. The documentation must contain the relevant information requested below and that their statement be on letterhead.

DIAGNOSIS INFORMATION

- Type of Injury/Illness/Condition
- Other co-existing diagnoses
- Date of injury/illness/condition

CURRENT IMPACT OF DIAGNOSIS

- Describe the student's temporary injury/illness/condition. Please include how the condition impacts the student, **level of impairment**, progress and/or treatment as applicable. If known, date of anticipated recovery and, if applicable, return to classes and activities.

CURRENT MEDICATIONS

- List any prescribed medications, dosages and any adverse side effects (if applicable).

RECOMMENDATIONS / ADDITIONAL COMMENTS

- Provide a list of recommended accommodations and how they will address the student's specific needs.

EVALUATOR QUALIFICATIONS *(some information may be listed on the letterhead)*

- Signature
- Date
- Full Name of Evaluator
- Professional Title
- License Number
- Address
- Phone Number
- Fax Number

Please return documentation to:
Student Accessibility Services
Worcester State University
486 Chandler Street
Worcester, MA 01602-2597
Fax: 508-929-8214 Email: SAS@worchester.edu