Documentation of Special Needs

Documentation of Medical, and/or Psychological Condition, and/or Disability for Academic Accommodations, Housing Accommodations, Meal Plan Exemptions, and/or Parking Permits.

The student should complete the top part of this form and then ask a licensed health care or and/or educational professional to provide the remaining information. **The professional completing this form may not be related to the student.** *We do not accept personal notes from health care providers. It is essential that this document be completed.*

To be completed by the student:

Student Name: _____ Student ID #: _____

I am (please check one):

____a current Lake Forest College student ____ an incoming new/transfer student

I am requesting (check all that apply):

____Housing Accommodation ____Meal Plan Exemption* ____Parking Permit ____Academic Accommodation

I request the following information from my health care and/or educational professional be used as documentation of my request for accommodation. I understand this documentation may be reviewed and discussed with members of the Special Accommodations Committee as appropriate. I understand that a member of the Special Accommodations Committee may contact me for further information and/or to discuss options related to my request(s). Furthermore, I give my consent for the appropriate clinician or licensed professional on behalf of Lake Forest College to contact the professional completing this form for additional information as needed.

Student Signature: _____ Date: _____

e-mail: _____ Phone: _____

*Note: Exemptions from the meal plan are only granted when there are documented restrictions that Aramark Dining Services is unable to accommodate.

To be completed by the student:

Please provide a narrative in this space describing the condition for which you are requesting accommodations, and also describe what environment or accommodation has been most successful in past:

To be completed by the health care and/or educational professional:

To determine eligibility for accommodations, the Special Accommodations Committee requests current and comprehensive documentation of the student's condition from the diagnosing licensed physician or mid-level practitioner, psychiatrist, psychologist or other appropriate professional. Please provide the following information.

1. Please provide a complete medical or DSM IV or V diagnosis, date of diagnosis, and last contact with the student. If this condition is temporary, provide an anticipated duration.

2. Describe the rationale or methodology used to reach the diagnosis, as well as the symptoms that meet the criteria for diagnosis.

3. How is the student impacted by the condition? How will the requested accommodation reduce the effects that the student's disabilities may have on academic performance and life functioning?

4. What recommendations do you have regarding accommodations/exemptions to ameliorate the described barriers? Please include rationale.

5. List current treatments and accommodations, including therapy, assistive devices, and medication (including dosage and frequency).

6. Please include any other information that may help us accommodate this student.

Print Name: _____

Title: _____

Phone: _____

Signature: _____ Date: _____

Send to (via fax, email, or postal mail):

Dr. Jennifer Fast
Lake Forest College
555 N. Sheridan Rd
Lake Forest, IL 60045
fax: 847-735-6098
Email: fast@lakeforest.edu

Provider's Clinic Stamp or License Number Here:

(non-licensed professionals should include a business card)