CONCORDIA UNIVERSITY
Ann Arbor, Michigan

ACADEMIC RESOURCE CENTER

Accessibility Services Assessment Form

The office of Academic Resources & Accessibility Services provides academic services and accommodations for students with diagnosed disabilities. Students are required to provide documentation that verifies that a diagnosed disability/disorder meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act -Amendments Act of 2008 (ADAAA).

These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. Eligibility for academic accommodations is based on documentation that clearly states how the disability/ disorder functionally limits the student in an academic environment and demonstrates that one or more accommodations is needed to achieve equal access.

TO BE COMPLETED BY STUDENT

Student Name: ________________________________ F00#: ______________________________

Campus/Home Address: ____

City: ____ State: ________ Zipcode: ____________________

Phone Number: ______________________________ CUAA E-Mail: ____________________________

TO BE COMPLETED BY LICENSED MEDICAL PROFESSIONAL

Please provide responses to the following items by typing or writing in a legible fashion. **Illegible forms will delay the documentation review process for the student.**

1. Diagnosis: ____

2. Date of Diagnosis: ____

3. What instruments/procedures were used to diagnose the disorder/disability?

   ____

   ____

   ____

   ____

4. Please describe the presenting symptoms of this disorder/disability?

   ____

   ____

   ____

   ____

   ____

5. Is this student currently taking medication for this disorder/disability? Yes No
   If yes, please describe any possible side effects of the medication: ___________________________________
   ____
   ____

6. Please describe the impact of this disorder/disability on the student's academic performance.
   ____
   ____
   ____
   ____
   ____

7. If applicable, please state specific academic accommodation recommendations for this student, and a rationale as to why the accommodation is necessary.

Accommodation Recommendations	Rationale

CERTIFIER INFORMATION/CREDENTIALS

Name:	**Date:**
Medical Specialty:	**License #:**
Address:	
Phone:	**Email:**
Clinician's Signature:	**Printed Name:**

Please send this completed form and any additional information to:

Concordia University Ann Arbor
Academic Resource Center
4090 Geddes Road
Ann Arbor, MI 48105

Email: tori.negash@cuaa.edu
Fax: 734-995-4819
Phone: 734-995-7582

Adopted from the McBurney Disability Resource Center at UW- Madison