



Healthcare Provider Documentation – Supporting Academic Accommodations

PROVIDER: The Office of Accessibility Services (OAS) at Florida State University (FSU) complies with all federal and state disability laws to ensure equal access to educational programs, services, and activities for qualifying students with a disability. As the Certified Medical Provider familiar with this student’s condition and functional limitations, this form serves to appropriately document your patient/client’s current condition and assists OAS in determining proper and reasonable accommodations. Additional page(s) may be attached if the space provided is insufficient.

Student Name: _____

Date of Birth: _____

Procedures/assessments used for diagnoses of condition(s): (ATTACH COPIES of any psychological evaluation used in making/confirming the diagnosis)

DSM or ICD diagnostic code(s): _____

Name of each disability and expected duration of condition(s): _____

Current severity of condition(s):

Prescribed treatment and/or medications:

Description of the current functional impact of the disability on the student’s academics. Please connect the diagnosis to the functional impact.

Recommended Accommodations – connect the diagnosis to the recommended accommodations:

Certified Medical Provider - Name (printed)

Certified Medical Provider - Signature

Area Of Practice (Specialty): _____

License/Cert. #: _____ State: _____ Date: _____