



II. Treatment

Prescribed Medications	Side Effects

III. How does the disability impact the student within the educational setting? (e.g. Difficulty focusing within a classroom, taking notes while listening to instruction or regulating emotions during a stressful situation these limitations may result in a student possibly needing such services as testing in a less distracting environment, extended time on an exam, or alternative ways in getting notes. )

Recommended Accommodations:

---

---

---

---

---

---

---

---

---

---

Thank you for your cooperation in this matter. Your prompt attention will allow us to begin providing services as soon as possible. Incomplete or missing information can prevent or delay necessary services. This form must be completed and signed by the qualified professional who performed the evaluation and made the diagnosis.

Professional Credential Documentation (PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_

Professional Credentials \_\_\_\_\_ Phone : \_\_\_\_\_

License/Certification number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_