## **Documentation of Special Needs for Accommodations**

To be considered for accommodations, the student must complete this form Documentation of Special Needs for Accommodations. This form has two parts: The student should complete the first two pages of this form and then ask a **licensed health care and/or educational professional** to complete the other pages. The professional completing this form may not be related to the student. We do not accept personal notes from health care providers.

To be completed by the studen	t:	
Print Student Name:		
I am a current Capri Beauty Col	lege student	
An incoming new or transfer stu	dent	
Campus Location attending: Oal	x Forest New Lenox	
as documentation of my request reviewed and discussed with me I understand that a member of the further information and/or to dis consent for the President of the	for accommodation. I understand mbers of the Special Accommoda the Special Accommodations Commodations options related to my request College or on behalf of Capri Beaum for additional information as near	this documentation may be tions Committee as appropriate. nittee may contact me for (s). Furthermore, I give my aty College to contact the
Address:		
City:	State	Zip
Phone:		
Student Signature:	Date	:

## Part 1: To be completed by the student

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## Part 2: To be completed by the health care and/or educational professional

To determine eligibility for accommodations, the Special Accommodations Committee requests current (within last three years) and comprehensive documentation. This section should be completed by a professional who is familiar with the student's diagnosis and/or disability, and that professional may be a licensed physician or mid-level practitioner, psychiatrist, psychologist, or educational professional, such as a high school case manager.

If the person completing this section is not the diagnosing professional, please attach a copy of the original diagnostic report. If that information is contained within an IEP or 504 Plan, please attach those documents. For more information on our guidelines for documentation, please view *Procedures for Requesting Accommodations for Disabilities* located at capri.edu under the "Consumer Info" tab

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.

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

2. 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?

3.	3. What recommendations do you have regarding accommodations/exemptions to ameliorate the described barriers? Please include rationale.			
4.	List current treatments and accommodation medication (including dosage and frequence)		.d	
5.	Please include any other information that r	may help us accommodate this student.		
Print N	Name:			
Title:_				
Phone	:			
Email	:			
	ure:			
Send (Capri I c/o An Preside 1938 F New L	to (via email, or postal mail): Beauty College ny Ruff ent E. Lincoln Hwy Lenox, IL 60451 capri.edu	Provider's Clinic Stamp or License Number, here:		