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 student:

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Print Student Name:		
I am a current Capri Beauty Col	llege student	
An incoming new or transfer stu	ident	
Campus Location attending: Oa	k 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	ion from my health care and/or ed for accommodation. I understand embers of the Special Accommoda ne Special Accommodations Commodations commodations commodations commodations related to my request College or on behalf of Capri Beam for additional information as ne	this documentation may be ations Committee as appropriate. mittee may contact me for t(s). Furthermore, I give my tuty College to contact the
Address:		
City:	State	Zip
Phone:		
Student Signature:	Date	2 :

Part 1: To be completed by the student

1.	. Please describe the condition(s) for which you are requesting accommodation.					
2.	If you have received accommodations in the past, what has proven most successful for you? Why?					

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.	What recommendations do you have regard ameliorate the described barriers? Please in	s/exemptions to	
4.	List current treatments and accommodation medication (including dosage and frequence	= = = = = = = = = = = = = = = = = = = =	assistive devices, and
5.	Please include any other information that n	nay help us accommo	date this student.
Print N	Name:		
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Send 1 Amy F Preside 1938 F New L		Provider's Clinic Number, here:	Stamp or License