

4. How long is this condition(s) likely to persist (e.g., lifetime, 1 academic year, etc.):

5. Please list procedures/assessments used to diagnose this student's condition:

6. What are the functional limitations or symptoms of this condition(s)?

7. What exacerbates this student's specific disability(ies)? (Please be specific.)

8. How does this condition impact the student's ability to learn or meet the demands of a university setting, clinical requirements, or other educational setting?

9. Identify any accommodations you believe may be necessary for the student to participate in the university's programs, activities, exams, and services:

Please attach any further documentation, if applicable.

Required attachments:

- For ADD or ADHD: full testing evaluations
- Deaf or hard of hearing: current audiogram

This information is current and accurate to the best of my knowledge, based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified health care provider.

Provider's Official Signature _____ Date _____

Thank you for your cooperation. Please email your report using the information provided below. Please call if you require additional information. All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).

Norma Fuentes, M.B.A
Manager of Accessibility Services
915-215-4398
disabilitysupport.elp@ttuhsc.edu