Health Care Provider Form

The purpose of this form is to assist the Harvard Graduate School of Design in determining whether, or to what extent, a reasonable accommodation is necessary for a student with a disability to access her/his academic program. Please answer the following questions and provide any additional supporting documentation sufficient to establish the existence of any physical or mental impairment and the need for academic accommodations. Please return this form to Kelly Wisnaskas, Local Disability Coordinator.

To be completed by the student’s requesting accommodation:

Student’s Name:

Academic Program:

To be completed by the Health Care Provider:

1. Does the student have a physical or mental impairment? Yes______ No______

2. If yes, please identify impairment __________________________________________

3. Does the impairment substantially limit one or more major life activities? Yes____ No____

4. If yes, please circle which major life activities are affected:

Bending  Sitting
Seeing  Breathing
Sleeping
Caring for oneself  Speaking
Communicating
Standing  Thinking
Concentrating
Eating  Walking
Hearing
Interacting with Others
Learning
Lifting
Performing Manual Tasks
Reading
5. Based on the student’s disability, what is/are the functional limitation(s) interfering with the student’s ability to access her/his academic program?

6. Suggestions of reasonable accommodations, which may be appropriate in the academic program, are encouraged. Please list any suggestions for possible reasonable accommodations based on a disability. Please note: Accommodation requests are not granted on the basis of a diagnostic label. A link must be established between the requested/recommended accommodation and the current functional limitations.

Printed Name of Health Care Provider

Type of Practice/Medical Specialty

Address

Phone                       Fax

Signature of Health Care Provider                      Date