



## Health Care Practitioner Form Disability Diagnosis and Treatment Technical Institute for Environmental Professions Unity College

Dear Health Care Practitioner:

You are being asked to provide documentation of disability for your client. Please fill out the form below and attach supplemental documentation. The Technical Institute for Environmental Professions at Unity College is committed to providing reasonable accommodations to qualified students with disabilities. Please assist us in supporting those students who qualify by providing as much information about your diagnosis as possible and by linking your diagnosis with specific treatment recommendations.

To be eligible for services, your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 or Title III of the Americans with Disabilities Act (ADA) of 1990 or the ADA Amendments Act of 2008. These laws define a person with a disability as one who has a physical or mental impairment which substantially limits one or more major life activities, or has a history record of such impairment, or is regarded as having such an impairment.

Practitioner Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

License or Certification Identification and Number \_\_\_\_\_

Specialty/qualifications to make diagnosis \_\_\_\_\_

**Learner's Name** \_\_\_\_\_

Date of Last Appointment \_\_\_\_\_

Nature of disability (formal diagnosis). Please include *expected duration* and *severity* of condition (mild, moderate, severe)

Check all relevant functional limitations that are limited **AND** explain how each limitation will specifically affect your client in the academic environment.

FUNCTIONAL LIMITATIONS	Select as appropriate: Mild, Moderate, Substantial, or Not Applicable	Comments
Caring for oneself		
Performing manual tasks		
Seeing		
Hearing		
Breathing		
Sleeping		
Eating		
Standing		
Lifting		
Bending		
Walking		
Speaking		
Communicating		
Learning		
Reading		
Thinking		
Concentrating		
Working		
Other major bodily functions:		

In the space below, please suggest **reasonable accommodations** that have not already been addressed. Each recommendation must be supported by the diagnosis. Please discuss the rationale for each suggested accommodation relating it to a specific functional limitation.

Please state alternatives to meet the documented need if the first accommodation request proves to be unduly burdensome on the College.

Please discuss the impact on your client's disability if the accommodation cannot be granted.

Additional comments:

Signature of specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form and supplemental documentation (by mail, email as attachment, or fax) to:

Doreen Rogan, Vice President  
Technical Institute for Environmental Professions  
70 Farm View Drive, Suite 200  
New Gloucester, ME 04260  
accessibilityti@unity.edu  
Phone: 207-509-7290  
Fax: 207-512-1192