UNITY ENVIRONMENTAL UNIVERSITY
TECHNICAL INSTITUTE FOR ENVIRONMENTAL PROFESSIONS

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

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 Environmental University 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	Not Applicab	
Performing manual tasks	Not Applicab	
Seeing	Not Applicab	
Hearing	Not Applicab	
Breathing	Not Applicab	
Sleeping	Not Applicab	
Eating	Not Applicab	
Standing	Not Applicab	
Lifting	Not Applicab	
Bending	Not Applicab	
Walking	Not Applicab	
Speaking	Not Applicab	
Communicating	Not Applicab	
Learning	Not Applicab	
Reading	Not Applicab	
Thinking	Not Applicab	
Concentrating	Not Applicab	
Working	Not Applicab	
Other major bodily functions:	Not Applicab	

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 University.

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 an attachment, or fax) to:

Technical Institute for Environmental
Professions 70 Farm View Drive, Suite 200
New Gloucester, ME 04260
accessibilityti@unity.edu
Phone: 207-616-6004
Fax: 207-512-1192
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