

Addendum: Academics

This is an addition to the General Provider Form; **BOTH FORMS ARE REQUIRED**

Student name: _____ Date of birth: _____

1. Which diagnoses are related to this academic request.

2. Describe in detail any *significant* functional limitations in the academic environment, including class, class assignments, group meetings, testing, etc.

3. Has the student previously received academic accommodations? Yes No Unsure
If yes, what accommodations?

4. Please list any specific academic accommodations that are essential for this student. Include your rationale and how each accommodation would mitigate functional limitations posed by the student's disability.

5. What are some possible alternatives if your primary recommendation is not feasible?

6. Does the student's disability or diagnosed condition result in flare-ups? Yes No
 - a. If yes, please describe those flare-ups.

 - b. How often/frequently does the student experience flare-ups? Periodic/Seasonal Monthly Weekly Daily
 - c. How long do flare-ups typically last?

 - d. Describe the level to which the student is able to engage academically during a flare-up.

7. Please share any additional information you believe will be helpful.

Provider Name _____ Signature _____ Date: _____

Please return the completed form to SAS via email (sas@wm.edu) or fax (757-221-2538), or return to the student for submission. Thank you for your assistance with this process.