



DISABILITY DOCUMENTATION FORM

University of Minnesota Duluth Disability Resources is evaluating a student request for disability accommodations.

This form must be completed by a qualified professional that is familiar with the student's diagnosed medical condition.

Accommodations are provided based on the documented disability and recommendations. Thorough information and complete answers will assist Disability Resources in determining reasonable accommodations in a timely manner. Providers are welcome to attach documentation that provides evaluation and/or test results that support the diagnosis and describes the areas of impact.

Please note that this is a fillable form. The completed document can be returned using one of these methods:

Email: umddr@d.umn.edu

Fax: (218) 726-6706

Mail: UMD Disability Resources
1120 Kirby Drive
258 KSC
Duluth MN 55812

Student Name: _____ ID# _____

1. Primary Diagnosis: _____

Secondary Diagnosis: _____

2. Date of Diagnosis: _____

3. Expected duration of the diagnosis: _____

4. Severity of the condition: Mild Moderate Severe

5. Please state the medication or treatment the student is currently prescribed:

6. Does the student's disability/health condition significantly limit any major life activities? If yes, please describe the limitations and barriers. (Examples of major life activities include things such as seeing, hearing, walking, speaking, learning, concentrating, thinking, sleeping, communicating, social interactions, etc)

7. Share any specific recommendations regarding academic accommodations for this student:

8. Please add any additional comments that might be helpful when reviewing this request.

Healthcare Provider Information

Provider Signature: _____ Date: _____

Provider Name (print): _____

Title: _____

License or Certification Number: _____

Address: _____

Phone: _____ Fax: _____

