

## MEDICAL DISABILITY DOCUMENTATION REQUEST FORM

In accordance with the Americans with Disabilities Act (ADA) of 1990 as amended, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the State of Maryland Laws Against Discrimination, Salisbury University (the “University”) provides reasonable accommodations to students with disabilities. In order to do so, students submit all accommodation requests to the University’s Disability Resource Center (“DRC”).

Students requesting accommodations should submit documentation that **Medical Disability Documentation Request** impact of a medical disability on the student’s and to validate the need for accommodation(s)

form or provide equivalent information on professional letterhead. A qualified professional is defined as an individual who is licensed or is a formally recognized expert in the medical, psychological, and/or educational



12. Prognosis (please give anticipated progression, duration, stability)

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13. Currently prescribed medications and any side effects impacting student:

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14. Are there any coexisting conditions, including other disabilities, or medication side effects that should be considered when providing accommodations, if approved?

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15. Please provide detail on the functional impact on ability to complete course work or other program requirements as well as activities outside of the classroom.

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16. Please provide your recommendations for accommodations to support the student, and include your rationale for those recommendations. *See Commonly Requested Accommodations sheet attached.* Please use additional paper if needed.

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**15. Please attach copies of notes/testing reports/other relevant information if available:**

- Interview with the person him/herself
- Interview with other persons
- Behavioral history
- Developmental history
- Neuro-psychological testing
- Psycho-educational testing
- Educational testing
- Medical history
- Educational history
- Other (specify): \_\_\_\_\_

16. Please check below the major college life activities that are affected to a substantial degree because of the disability:

Classroom group functioning  
Focusing or concentrating  
Social interactions  
Writing  
Managing deadlines  
Test-taking  
Eating  
Learning  
Other (specify): \_\_\_\_\_

Organization  
Regular class attendance  
Reading  
Regular class attendance  
Stress Management  
Memory  
Sleeping

**CERTIFYING PROFESSIONAL:**

\_\_\_\_\_  
Printed Name/Degree/License Number

\_\_\_\_\_  
Field of Practice

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Telephone/ Fax/Email

I certify that the student named above has given me permission to release all information contained on this form for the purpose of considering eligibility for accommodations, modification or adjustments based on disability.

\_\_\_\_\_  
Signature/Date

## COMONLY REQUESTED ACCOMMODATIONS

### **Common Testing Accommodations**

- Extended time to complete tests, quizzes, and other timed assessments
- Alternative testing environment (reduced distractions)
- Alternate testing format (e.g., no scantron, braille, reader, scribe)
- Basic function calculator, when calculating skills are not being assessed
- Enlarged print font

### **Common Classroom Accommodations**

- Preferential seating (e.g., near exit, near professor)
- Recording course lectures, when appropriate
- Books in alternative format (audio books)
- Software/hardware (e.g, use of tablet, smart pen, adaptive/assistive technology)
- Modified attendance policy
- Closed-captioned films/videos
- Interpreter services (e.g., sign language)
- Magnification devices
- Accessible desks/table

### **Other Accommodations**

- Housing-related requests
- Dining-related requests (e. g., food allergies)

**All reasonable, justified requests for accommodations made by a qualified healthcare or mental health professional will be considered by the Disability Resource Center.**