

Dear Practitioner,

The student below is requesting disability-related accommodations from Roger Williams University, through the Student Accessibility Services Office (SAS). We are looking for your expert and individualized assessment of their condition.

The ADA Amendments Act of 2008 defines disability as a current, long-standing condition that substantially limits a major life function (such as, but not limited to concentration, learning, seeing, hearing, walking, etc.) or major bodily function (such as but not limited to immune, respiratory, cell division, digestive, bowel, neurological, brain, circulatory, etc). Not all conditions qualify as a disability, but an individualized assessment establishes the nature, severity and duration of the condition, as well as the level of impact to a major life or major bodily function in the educational or physical environment.

**Please type your responses in this fillable form with as much detail as possible to help the SAS staff determine the presence of a disability for this student. Your information will also help support their equal inclusion in academic and residential life at Roger Williams University.**

Thank you for your time,  
The Staff of Student Accessibility Services.

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STUDENT NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

STUDENT D.O.B. \_\_\_\_\_

PRIMARY DIAGNOSIS \_\_\_\_\_ DIAGNOSIS DATE \_\_\_\_\_

SECONDARY DIAGNOSIS \_\_\_\_\_ DIAGNOSIS DATE \_\_\_\_\_

How was the diagnosis determined? (Please select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Clinical Interview                           | <input type="checkbox"/> Testing (Please attach reports) |
| <input type="checkbox"/> Direct Interview with Student                | <input type="checkbox"/> Educational                     |
| <input type="checkbox"/> Interview with Other Person                  | <input type="checkbox"/> Psychological                   |
| <input type="checkbox"/> Diagnostic Procedure(s) (Lab, MRI, CT, etc.) | <input type="checkbox"/> Neuro-psychological             |

Additional Comment

**Impact of Conditions**

**Minimal**

**Significant**

**Severe**

**N/A**

Life Function

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Walking

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Hearing

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Seeing

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Concentrating

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Managing Stress

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Reading / Learning

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Other

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Bodily Function

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Neurological

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Respiratory

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Circulatory

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Digestive or Bowel

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Immune System

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Allergic Condition

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Other

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Description of the Progression or Stability of the condition over time and in context:

**Optional:** You may wish to recommend reasonable accommodations for your student. Please provide detailed evidence to demonstrate how the accommodation is essential for equal enjoyment and use of the residential or the academic environment as appropriate.  
(Please note: final determination for approving accommodations rests with the University.)

Accommodations

Evidence of Need of Accommodations

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Practitioner Name

License #

Address

City

State

Zip

Phone & Extension #

Practitioner Signature

*By typing your name, you are signing this form electronically*

Please save, attach, and email this completed form to the Staff of Student Accessibility Services - [sas@rwu.edu](mailto:sas@rwu.edu)