



7. Describe the symptoms of the diagnosis exhibited by the student:

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8. Identify instruments and procedures used to assess/diagnose learning disability:  
(Attach a copy of the report that shows the instruments used and the history of symptoms)

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9. Identify how this diagnosis may affect this student in an academic environment:

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10. List current medication, dosage and frequency:

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11. Identify how the medication might adversely impact the student in an academic setting:

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12. What accommodations do you recommend that would assist this student in an academic setting (i.e. extended test time, low distraction testing environment, etc.)?

(Functional Limitation) (Recommendation)

((Functional Limitation) (Recommendation)

(Functional Limitation) (Recommendation)

*Please attach any additional recommendations on a separate page.*

13. Please identify any additional information that would be helpful in providing the support to the student:

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If additional accommodations are needed for a separate diagnosis, please complete and appropriate form and submit with documentation. Additional forms may be found at [www.charlottelaw.edu](http://www.charlottelaw.edu).

**\*\*DOCUMENTATION COMPLETED BY ANYONE OTHER THAN THE TREATING PROFESSIONAL WILL NOT BE ACCEPTED\*\***

14. Printed Name and Credentials of Treating Professional:

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Area of Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Attach a copy of your business card and submit request and documentation to the Office of Student Services.*