



Charlotte School of Law
2145 Suttle Ave.
Charlotte, NC 28208

Office of the Dean for Student Services
(p)704-971-8500
(f)704-971-0960

REQUEST FOR ACCOMODATIONS PHYSICAL DISABILITIES

To ensure provision of appropriate and reasonable accommodations, Charlotte School of Law requires students to **provide current (within 5 years) and comprehensive documentation of disability**. Comprehensive documentation must be completed by the student’s diagnosing or treating physician and should include testing and a complete history indicating the onset date, symptoms, severity, limitations to functional activities, and current treatment regime. The Americans with Disabilities Act defines a disability as a physical or mental impairment that *substantially* limits one or more major life activities. To properly evaluate eligibility and identify appropriate accomodations, this form must be fully completed by the diagnosing and/or treating professional.

The **STUDENT** should complete the following release:

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize the release of the following information to Charlotte School of Law to by used to determine my eligibility for accomodations.

Student Signature

Date

Student Email

Student Mailing Address

Notification of accommodations will be sent from the Office of Student Services upon review of required documentation.

The student’s **MEDICAL DOCTOR** should complete the following:

1. **Primary Diagnosis:** _____

2. **Does this disorder substantially limit the student?** **YES** **NO**

*Disability is defined as a physical or mental condition that can **substantially limit** at least one major life activity, episodically or chronically. Major life activities impacted by physical diagnosis can include, but are not limited to the following systems: vision, hearing, self care, gross and fine motor movement.*

3. **List major life activities that are limited:**

4. **Date of last office visit:** _____

5. **Date of original diagnosis:** _____

6. **What is the expected duration of this condition?** _____

7. Is a Personal Care Attendant necessary for daily living activities? YES NO

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

9. List current medication, dosage and frequency:

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

11. What accommodations do you recommend that would assist this student in an academic setting:

(Functional Limitation/Lower Extremities) (Recommendation)

(Functional Limitation/Trunk) (Recommendation)

(Functional Limitation/Upper Body) (Recommendation)

(Functional Limitation/Upper Extremities) (Recommendation)

(Functional Limitation/Other) (Recommendation)

Please attach any additional recommendations on a separate page.

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

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.

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

13. Printed Name and Credentials of Treating Professional:

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.