



4. Please identify any factors that may affect the severity of the impairment, and to what degree might the impairment be minimized by medication, or other aids.
5. How does the disability currently impact the student?
6. List your recommendations for accommodations within the academic environment. Please provide a rationale for any recommendation made utilizing data from your evaluation, their educational record, or other pertinent sources.

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Signature of Professional

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Date

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Professional's name (printed) and Title

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License No.

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Address

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Telephone No.

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E-mail Address

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Fax No.