Please fill out this form based on current information known to you of this individual. When completed, please fax to the private number of the **University of Hawaii at Hilo Disability Services**: (808) 932-7768.

<table>
<thead>
<tr>
<th>Student</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Student ID:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ DSM</td>
<td>□ ISD</td>
</tr>
</tbody>
</table>

**Diagnosis (Primary):**

**Diagnosis (Secondary):**

<table>
<thead>
<tr>
<th>Remarks:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>By signing below, you affirm that the information in this form is accurate to your most current knowledge.</td>
<td></td>
</tr>
<tr>
<td>Medical Provider Name:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Specialty Area:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>DS Director Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Continued 📄
Please fill out this form based on current information known to you of this individual. When completed, please fax to the private fax of the University of Hawaii at Hilo Disability Services: (808) 932-7768.

<table>
<thead>
<tr>
<th>Quizzes and Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Extended time</td>
</tr>
<tr>
<td>□ Distraction-free setting</td>
</tr>
<tr>
<td>□ Computerized test</td>
</tr>
<tr>
<td>□ Use of computer for essay exam</td>
</tr>
<tr>
<td>□ Spell-checker or dictionary</td>
</tr>
<tr>
<td>□ Enlarged print/font size</td>
</tr>
<tr>
<td>□ Reader</td>
</tr>
<tr>
<td>□ Scribe:</td>
</tr>
<tr>
<td>□ Quizzes/Exams</td>
</tr>
<tr>
<td>□ Transfer to Scantron</td>
</tr>
<tr>
<td>□ Oral testing</td>
</tr>
<tr>
<td>□ Electronic magnifier mouse</td>
</tr>
<tr>
<td>□ Four function calculator</td>
</tr>
</tbody>
</table>

Remarks:

<table>
<thead>
<tr>
<th>Sensory-Adapted Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Color adaptation</td>
</tr>
<tr>
<td>□ Enlarged print/font size</td>
</tr>
<tr>
<td>□ 3D graphic emulation</td>
</tr>
<tr>
<td>□ MP3 or digital recorder</td>
</tr>
<tr>
<td>□ Adapted computer</td>
</tr>
<tr>
<td>□ Braille</td>
</tr>
<tr>
<td>□ Reader</td>
</tr>
<tr>
<td>□ CCTV/Magnifier</td>
</tr>
<tr>
<td>□ Other (in remarks)</td>
</tr>
</tbody>
</table>

Remarks:

<table>
<thead>
<tr>
<th>Writing Class Notes and Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Tape recording lectures</td>
</tr>
<tr>
<td>□ Use of personal equipment</td>
</tr>
<tr>
<td>□ Use of textbook on tape</td>
</tr>
<tr>
<td>□ Facilitation for labs</td>
</tr>
<tr>
<td>□ Notetaker: (□ Electronic or Tech Device)</td>
</tr>
<tr>
<td>□ Other (in remarks)</td>
</tr>
</tbody>
</table>

Remarks:

<table>
<thead>
<tr>
<th>Hearing Lectures and Discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Sign language interpreter</td>
</tr>
<tr>
<td>□ Speaker requested to face student</td>
</tr>
<tr>
<td>□ Assistive listening device</td>
</tr>
</tbody>
</table>

Remarks:

<table>
<thead>
<tr>
<th>Using Campus Facilities and Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Table and/or chair in classroom</td>
</tr>
<tr>
<td>□ Preferential (front row) seating</td>
</tr>
<tr>
<td>□ Room reassignment</td>
</tr>
</tbody>
</table>

Remarks:

<table>
<thead>
<tr>
<th>Missed Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Periodic absences*</td>
</tr>
<tr>
<td>□ Be allowed to make up missed course work due to medically related absence. *Recommended absence to be no more than 2 weeks of consecutive days.</td>
</tr>
</tbody>
</table>

Remarks:

<table>
<thead>
<tr>
<th>Temporary Disability (case by case basis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description: ______________________________________________________________________</td>
</tr>
<tr>
<td>Start Date: ________ End Date: _________</td>
</tr>
</tbody>
</table>

Suggested Accommodations:

Remarks:

<table>
<thead>
<tr>
<th>Pregnancy (as covered under Title IX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date: ________ End Date: ________</td>
</tr>
</tbody>
</table>

Suggested Accommodations:

Postpartum Accommodations:

Remarks: