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.

### Student

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

**Diagnosis**

<p>| | |</p>
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<tr>
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<tbody>
<tr>
<td>DSM</td>
<td>ISD</td>
</tr>
</tbody>
</table>

**Diagnosis (Primary):**

**Diagnosis (Secondary):**

**Remarks:**

**Signature**

By signing below, you affirm that the information in this form is accurate to your most current knowledge.

Medical Provider Name: __________________________

Title: ________ Specialty Area: __________________________

Phone: _______________ Email: __________________________

Signature: __________________________ Date: ____________

DS Director Signature: __________________________ Date: ____________
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.

### Medical Provider-Recommended Educational Accommodations

#### Quizzes and Exams
- □ Extended time
- □ Distraction-free setting
- □ Computerized test
- □ Use of computer for essay exam
- □ Spell-checker or dictionary
- □ Enlarged print/font size
- □ Reader
- □ Scribe:
- □ Quizzes/Exams
- □ Transfer to Scantron
- □ Electronic magnifier mouse
- □ Four function calculator
- □ Oral testing
- □ _____ break(s) every _____ minutes
- □ Other (in remarks)

**Remarks:**

#### Writing Class Notes and Assignments
- □ Tape recording lectures
- □ Use of personal equipment
- □ Use of textbook on tape
- □ Facilitation for labs
- □ Notetaker: (□ Electronic or Tech Device)
- □ Other (in remarks)

**Remarks:**

#### Sensory-Adapted Materials
- □ Color adaptation
- □ Enlarged print/font size
- □ 3D graphic emulation
- □ MP3 or digital recorder
- □ Adapted computer
- □ Braille
- □ Reader
- □ CCTV/Magnifier
- □ Other (in remarks)

**Remarks:**

#### Hearing Lectures and Discussions
- □ Sign language interpreter
- □ Speaker requested to face student
- □ Assistive listening device

**Remarks:**

#### Using Campus Facilities and Equipment
- □ Table and/or chair in classroom
- □ Preferential (front row) seating
- □ Room reassignment

**Remarks:**

#### Missed Classes
- □ Periodic absences*
- □ Be allowed to make up missed course work due to medically related absence.

**Remarks:**

#### Temporary Disability (case by case basis)
**Description:**
**Start Date:**
**End Date:**

**Suggested Accommodations:**

**Remarks:**

#### Pregnancy (as covered under Title IX)
**Start Date:**
**End Date:**

**Suggested Accommodations:**

**Remarks:**

**Postpartum Accommodations:**

**Remarks:**