

Medical Provider-Recommended Educational Accommodations

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	
Name: _____ Student ID: _____	
Diagnosis	
<input type="checkbox"/> DSM <input type="checkbox"/> ISD	
<i>Diagnosis (Primary)</i>	
<i>Diagnosis (Secondary):</i>	
<i>Remarks:</i>	
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: _____

Continued 

Medical Provider-Recommended Educational Accommodations

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.**

Quizzes and Exams		
<input type="checkbox"/> Extended time <input type="checkbox"/> Distraction-free setting <input type="checkbox"/> Computerized test <input type="checkbox"/> Use of computer for essay exam <input type="checkbox"/> Spell-checker or dictionary	<input type="checkbox"/> Enlarged print/font size <input type="checkbox"/> Reader <input type="checkbox"/> Scribe: <input type="checkbox"/> Quizzes/Exams <input type="checkbox"/> Transfer to Scantron <input type="checkbox"/> Oral testing	<input type="checkbox"/> Electronic magnifier mouse <input type="checkbox"/> Four function calculator <input type="checkbox"/> ____ break(s) every ____ minutes <input type="checkbox"/> Other (in remarks)
<i>Remarks:</i>		
Writing Class Notes and Assignments		
<input type="checkbox"/> Tape recording lectures <input type="checkbox"/> Use of personal equipment	<input type="checkbox"/> Use of textbook on tape <input type="checkbox"/> Facilitation for labs	<input type="checkbox"/> Notetaker: (<input type="checkbox"/> Electronic or Tech De <input type="checkbox"/> Other (in remarks)
<i>Remarks:</i>		
Sensory-Adapted Materials		
<input type="checkbox"/> Color adaptation <input type="checkbox"/> Enlarged print/font size <input type="checkbox"/> 3D graphic emulation	<input type="checkbox"/> MP3 or digital recorder <input type="checkbox"/> Adapted computer <input type="checkbox"/> Braille	<input type="checkbox"/> Reader <input type="checkbox"/> CCTV/Magnifier <input type="checkbox"/> Other (in remarks)
<i>Remarks:</i>		
Hearing Lectures and Discussions		
<input type="checkbox"/> Sign language interpreter	<input type="checkbox"/> Speaker requested to face student	<input type="checkbox"/> Assistive listening device
<i>Remarks:</i>		
Using Campus Facilities and Equipment		
<input type="checkbox"/> Table and/or chair in classroom	<input type="checkbox"/> Preferential (front row) seating	<input type="checkbox"/> Room reassignment
<i>Remarks:</i>		
Missed Classes		
<input type="checkbox"/> Periodic absences*	<input type="checkbox"/> Be allowed to make up missed course work due to medically related absence.	<i>*Recommended absence to be no more than 2 weeks of consecutive days.</i>
<i>Remarks:</i>		
Temporary Disability (case by case basis)		
Description: _____		Start Date: _____ End Date: _____
<i>Suggested Accommodations:</i>		
<i>Remarks:</i>		
Pregnancy (as covered under Title IX)		
Start Date: _____		End Date: _____
<i>Suggested Accommodations:</i>		
<i>Postpartum Accommodations:</i>		
<i>Remarks:</i>		