

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"/> ICD	
<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: _____	
Address: _____		
Phone: _____	Fax: _____	Email: _____
Signature: _____		Date: _____
By checking the box, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.		
DS Director Signature: _____		Date: _____

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Quizzes and Exams		
<input type="checkbox"/> Extended time	<input type="checkbox"/> Enlarged print/font size	<input type="checkbox"/> Electronic magnifier mouse
<input type="checkbox"/> Distraction-free setting	<input type="checkbox"/> Reader	<input type="checkbox"/> Four function calculator
<input type="checkbox"/> Computerized test	<input type="checkbox"/> Scribe: <input type="checkbox"/> Quizzes/Exams	<input type="checkbox"/> _____ break(s)
<input type="checkbox"/> Use of computer for essay exam	<input type="checkbox"/> Transfer to Scantron	every _____ minutes
<input type="checkbox"/> Spell-checker or dictionary	<input type="checkbox"/> Oral testing	<input type="checkbox"/> Other (in remarks)
Remarks:		
Writing Class Notes and Assignments		
<input type="checkbox"/> Digital recording lectures	<input type="checkbox"/> Alternate format of textbook (i.e. audio, enlarged)	<input type="checkbox"/> Notetaker: (<input type="checkbox"/> Electronic or Tech Device)
<input type="checkbox"/> Use of personal equipment	<input type="checkbox"/> Facilitation for labs	<input type="checkbox"/> Other (in remarks)
Remarks:		
Sensory-Adapted Materials		
<input type="checkbox"/> Color adaptation	<input type="checkbox"/> MP3 or digital recorder	<input type="checkbox"/> Reader
<input type="checkbox"/> Enlarged print/font size	<input type="checkbox"/> Adapted computer	<input type="checkbox"/> CCTV/Magnifier
<input type="checkbox"/> 3D graphic emulation	<input type="checkbox"/> Braille	<input type="checkbox"/> Other (in remarks)
Remarks:		
Hearing Lectures and Discussions		
<input type="checkbox"/> Sign language interpreter	<input type="checkbox"/> Assistive listening device	<input type="checkbox"/> Assistive listening device
Remarks:		
Using Campus Facilities and Equipment		
<input type="checkbox"/> Table/chair/podium in classroom	<input type="checkbox"/> Preferential (front/back/side row) seating	<input type="checkbox"/> Room reassignment
Remarks:		
Missed Classes		
<input type="checkbox"/> Periodic absences*	<input type="checkbox"/> Be allowed to make up missed course work due to medically related absence.	*Recommended absence to be no more than 7 hours per 16 week semester
Remarks:		
Temporary Disability (case by case basis)		
Description:		
Date:		End Date:
Suggested Accommodations:		
Remarks:		
Assistive Animal (note provided by the University)		
<input type="checkbox"/> Service Animal	House Trained:	<input type="checkbox"/> Emotional Support Animal
Breed:	Yes No	House Trained:
Breed:	Yes No	House Trained:
Helps with:	Helps with:	
Pregnancy (as covered under Title IX)		
Date:		End Date:
Suggested Accommodations:		
Postpartum Accommodations:		
Remarks:		

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