

Albertus Magnus College
MEDICAL DOCUMENTATION

The following information is required to validate the diagnosis of your patient, _____, as a disability and to determine the nature of appropriate and reasonable academic accommodations. This documentation must reflect the current impact on the student's academic functioning and support the requested accommodation(s) and or auxiliary aid(s). Failure to provide this information will result in a delay or inability to provide the requested services. This College reserves the right to determine the nature and extent of reasonable and appropriate academic accommodations.

I. Current Medical Information

A. Medical diagnosis: _____

B. Date of last appointment with undersigned professional: _____

C. Initial onset of symptoms: _____

D. Description of present symptoms: _____

E. Relevant historical and family data: _____

F. Treatment plan with medications: _____

G. Prognosis and expected duration of treatment: _____

H. Attach interpretive summary of assessment tools if applicable: _____

II. Impact of Diagnosis in Educational Setting

A. Current functional academic limitations (please be specific) _____

B. Recommendations for academic accommodations that are realistic and validated by current documentation: _____

This information may be given to your patient to submit to this Office or you may forward it to the following:

Deborah Frattini
Director, Academic Development Center
Albertus Magnus College
700 Prospect St.
New Haven, CT 06511

Questions or concerns may be directed to (203) 773-8564

Name of Physician (Please Print)

Signature

Date

Address

Telephone Number