



University of Vermont

Office of Accessibility Services

SAS ACADEMIC ACCOMMODATION REQUEST FORM: TO BE COMPLETED BY PROVIDER

A qualified professional not related to the student may complete this form to support the student's request for academic accommodations at UVM. This information will be used in conjunction with the student's self-report and SAS staff members' structured interview to determine reasonable accommodations on an individual basis.

While this documentation may be sufficient in establishing the presence of a disability, recommendations on this form do not automatically bind SAS to determine the student eligible for specific accommodations. A provider's recommendations are taken into consideration as part of a full review that includes a multitude of factors.

Student's name: _____ Date of birth: _____

Date of initial contact with student: _____

Date of most recent interaction with student: _____

Frequency or number of contacts since initial appointment: _____

Relevant Diagnosis	DSM-5 or ICD-10 Code	Date of Diagnosis

Describe the evaluation(s) used to make the diagnoses. If available, please provide a diagnostic report of the assessment.

List current, relevant symptoms and impacts on daily life activities. Include the severity, frequency, and duration of each.



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If symptoms are episodic, have flare-ups, or change over time, describe the anticipated changes including the symptoms' severity, duration, and frequency. For temporary conditions, provide estimated date of resolution.

Describe current or anticipated health intervention plans and/or medication side effects that may impact academics.

List recommended academic accommodations and why each is necessary based on disability to provide equal access.

Name and credentials of provider: _____

License number and state: _____

Associated organization: _____

Address: _____

Phone number: _____

Signature: _____ Date: _____

Submit this completed form to Student Accessibility Services (SAS) in one of the following ways:

Email: access@uvm.edu

Fax: 802-656-0739

Mail: Student Accessibility Services, UVM, 633 Main Street A-170 Living/Learning, Burlington, VT 05405

Uploaded directly by student: <https://myaccess.uvm.edu/ClockWork/user/student/files.aspx>

Questions? Call Student Accessibility Services: 802-656-7753