SMC Disability Services Clinician Documentation Form

Student Information

I am requesting accommodations from Southwestern Michigan College Disability Services based on a disability. SMC asks students to provide diagnostic documentation from a professional familiar with the history and functional implications of the impairment(s) to qualify for these accommodations. This documentation should verify the nature of the disability by current professional standards and techniques and must support the need for the student's specific accommodation requests.

I authorize the release of this information to the Disability Services Coordinator, Jen Chaput, at Southwestern Michigan College and for her to contact you for clarification as needed. Please complete this form with as much detail as necessary to show the nexus between impairment and accommodation.

Student Name: _____ Birthdate: _____

Student Signature: _____ Date: _____

Healthcare Provider Information

The following information must be completed by the healthcare professional listed below:

Healthcare provider name (print): _____

Title/Specialty: _____

Organization & Address: _____ Phone: _____

Diagnosis & Functional Limitations

Diagnosis:

The current state of condition(s):

Is this a persistent or temporary condition:

Please list the assessments, tests, or procedures used to diagnose this student's condition(s):

Does the condition(s) or current treatment substantially impair the student's ability to learn or meet the college setting's demands?

What are the functional limitations?

What accommodations do you believe are necessary to support the student's equal participation in the college's programs?

COVID-19

Are these conditions and recommendations related to COVID-19? If so, please outline the specific concerns and impact related to COVID-19.

Signature & Contact Information

This information is current and accurate to the best of my knowledge, based on my recent evaluation and on-going treatment of this patient.

Signature of Treating Professional: _____

License no. _____ Date: _____

Thank you for your cooperation. Please submit this document to:

- ☐ The student: _____
- ☐ SMC Disability Services (if no student is listed above):

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