



ADA ACCOMMODATIONS REQUEST – MEDICAL RECOMMENDATION FORM

This form can be filled out by the student's medical provider in place of a letter when requesting ADA accommodations at The Chicago School. Please fill out the form fields in as much detail as possible. The completed form can be submitted to accommodations@thechicagoschool.edu.

STUDENT NAME: _____ STUDENT ID #: _____

STUDENT EMAIL: _____ PHONE #: _____

CAMPUS: _____ DEGREE LEVEL (BA, MA, Doctoral): _____ PROGRAM: _____

Please answer the following questions as fully as possible (attach additional sheets if necessary):

Provider name and credentials: _____

Provider phone #: _____

What is the student's disability, diagnosis, and/or symptom profile?

Please describe how the student's disability/diagnosis/symptoms limit major life activities:

What academic accommodations do you recommend based on the student's functional limitations? These may include modifications to the classroom environment, modifications to testing, and other adjustments that don't impact content.

Is there any additional information you would like to provide to help the Office of Disability Services understand the student's access needs?

Provider Signature _____

Date: _____