



Disability Services Center-- Academic and Housing Provider Form

The Disability Services Center (DSC) invites students to request accommodations via the Accommodate Request Form on the DSC website. Students will then meet with a staff member either on zoom or in-person to discuss their past use of accommodations and any disability related barriers they anticipate or are experiencing at the University.

The DSC requests that students submit documentation that supports for the need accommodations requested prior to this meeting whenever possible.

Documentation can be psychoeducational testing, educational records such as an IEP or 504 plan, or previous medical or mental health documentation provided to support accommodations at another institution. You can also use this form to support your accommodation request.

Provider: You should complete this form if you are the medical or mental healthcare provider who has knowledge of the student and the impact of their disability symptoms and how these symptoms would create barriers in the academic or housing setting. This information along with the student's self-report will help us determine reasonable accommodations at the University of Southern Maine. You can also [refer to this general documentation handout](#) if you prefer to write your own letter.

Student Information:

Student Name: _____ DOB: _____

Provider Information:

Provider Name: _____

Title: _____

License/Cert Number and Issuing State: _____

Email: _____

Phone: _____

Address: _____

Professional Visit Summary:

Date of Initial Contact with Student: _____

Date if Most Recent Contact: _____

Frequency of Contact since Initial: _____

Student Disability Information:

Please provide the student's diagnosis(es): _____

Please check which of the following, if any, are affected by the student's disability and to the extent that they would create barriers in a higher education setting.

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Attending Class					
Auditory Processing					
Concentration					
Eating					
Executive functioning					
Hearing					
Making and Keeping Appointments					
Managing Internal Distractions					
Managing External Distractions					
Participation in on-campus living					
Physical (walking, lifting, standing, sitting, etc)					
Reading					
Self-Care					
Sleeping					
Social Interactions and Communication					
Stress Management					
Time Management/Organization					
Timely Submission of Assignments					
Verbal Communication					
Writing					

Please list any other barriers not listed above and their impact: _____

Provide information regarding the student's current presenting concerns and current symptoms. **Please address academic, and if needed housing concerns.** Please indicate the severity level (substantial, moderate or mild), treatment and expected prognosis of the condition.

Are there any side-effects of prescribed medications that would impact the student's learning or campus experience?

Provider Recommendations:

Please provide any recommendations for academic and/or housing accommodations that you would find appropriate based on the student's current disability-related barriers. Determination of reasonable academic or housing accommodations will be based on the student's self-report, the disability representative professional's experience, and the documentation provided.

Certification:

Provider Signature: _____ Date: _____

Please return completed form to:

University of Southern Maine
Disability Services Center
PO Box 9300 242 Luther Bonney Hall
Portland, ME 04104
Phone: 207-780-4706
Fax: 207-780-4403
Email: dsc-usm@maine.edu