KENNESAW STATE UNIVERSITY
DIVISION OF STUDENT AFFAIRS
Student Disability Services

Documentation for Communication Disorders

Kennesaw State University's Student Disability Services provides support services and accommodations for students with documented disabilities. The treating or diagnosing healthcare professional should complete this form. Student Disability Services will use this form to evaluate eligibility for academic accommodations, which includes 1) disability diagnosis as defined under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (ADAAA); 2) aid in the determination of appropriate services and accommodations in the academic environment.

The information provided by the health care professional will not become part of the student's educational records, but will remain in the student's confidential file in Disability Services. Upon request, this form may be released only to the student. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

Please complete this form, fill out the Healthcare Provider Information section on the last page, sign it, then return it to the student, who will give it to the Disability Services Provider at Kennesaw State University.

Date of Birth	Print Name	Student ID#

Primary Diagnosis: _____
Date of onset: _____
Secondary Diagnosis (if any): _____
Date of onset: _____
Date of last visit: _____

Describe the functional/physical limitations that affect this student's ability to conduct major life activities.

_____
_____
_____
_____
_____

Describe current functional limitations, which affect this student in the academic setting, and suggestions for accommodations (i.e., frequent breaks, extra time on tests).

Limitations	**Recommendations**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Describe the history of the communication disorder from early childhood or from the initial onset.

Summarize present symptoms for the communication disorder.

List treatments, medications, accommodations/auxiliary aids, services currently prescribed or in use.

Healthcare Provider Information (In the space provided, please attach a business card.)

Provider Signature: _____ Date: _____
(Please print)

**Provider name: _____ Title: _____ License #: _____

Attach Business Card Here

Website: https://sds.kennesaw.edu
Kennesaw Campus Location: Kennesaw Hall, Suite 1205
Marietta Campus Location: Joe Mack Wilson Student Center, Suite 160
Email: sds@kennesaw.edu
Phone #: (470) 578-2666
Phone #: (470) 578-7361

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