



Physical Disability Documentation Form

A short letter must accompany this form on letterhead paper, signed by a medical professional. The rationale for any recommended accommodation should be clear.

Date: _____

Name of Student: _____

What is the diagnosis or diagnoses?

This condition significantly limits which of the following? [Please circle all that apply]

- | | | |
|-------------------------|------------------------|----------|
| Walking | Concentrating/focusing | Seeing |
| Working | Hearing | Speaking |
| Performing manual tasks | Learning | Other |

Describe any functional limitations resulting from the condition(s) noted above, considering that the Dartmouth School of Graduate and Advanced Studies will use the information to determine appropriate academic adjustments, program modifications, and/or auxiliary services. Feel free to opine about/recommend academic or other "accommodations" that you believe might be appropriate. We will seriously consider this information and your recommendations.



Duration of currently assessed functional limitations:

Permanent? _____

If not, what is the expected duration until reassessment should occur? _____

Is there a current treatment plan? Please describe.

Special considerations (effect of medications, co-morbid circumstances, etc.)

Signed: _____
(Name, title)

This information will be reviewed and accommodations decisions made according to the policies of Dartmouth College.

Please contact Gary Hutchins, Assistant Dean of Graduate Studies for further information at: (603) 646-2107 or via email at: gary.hutchins@dartmouth.edu