

STUDENT NAME HERE

Request for Accommodations

Student ID#: 123456789

DATE

VERIFICATION OF DIAGNOSES

Name of Diagnosis (DSM # if available) (in parentheses here, put a really simple version of what it affects)

- First diagnosed: Date, Diagnosing agency/person, Title, credentials
- Re-confirmed: Date, Diagnosing agency/person, Title, credentials
- Re-confirmed: (as many lines here as you have re-verifications, each add weight)

Name of another Diagnosis (in parentheses here, put what it affects)

- First diagnosed: Date, Diagnosing agency/person, Title, credentials
- Re-confirmed: Date, Diagnosing agency/person, Title, credentials
- Re-confirmed: (as many lines here as you have!)

Keep going with this model for every single diagnosis.

Examples:

Essential Tremor, Right Hand (affects ability to write and diagram with pen/pencil)

- First Diagnosed: Date, Childfiled
- Re-confirmed: Current on medical record with YOUR MEDICAL PROVIDER HERE (8/2021)

Slow Processing Speed (affects time needed on tests)

- First diagnosed: Date, Name, Psychologist, Denver Public Schools
- Re-confirmed: Date, Name, OTR CHT FOC, Denver Public Schools
- Re-confirmed: Date, Name, Ph.D., Licensed Clinical Psychologist

Dyspraxia (DSM IV, 781.3) (lack of coordination, affects writing) *(Note: use current DSM #s!)*

- First diagnosed: Date, Name, MA, OTR CHT FOC, Denver Public Schools
- Re-confirmed: Date, Name, Ph.D., Licensed Clinical Psychologist
- Re-confirmed: Date, Name, Ph.D., Licensed Clinical Psychologist

Attention Deficit Hyperactivity Disorder, Inattentive Type (DSM IV 314.00) (affects need for breaks)....

Specific Learning Disorder with Impairment in Written Expression: Dysgraphia (affects speed and skill with writing)....

Specific Reading Disorder: Dyslexia (DSM IV 315.00) (affects reading speed)