Brookline COLLEGE

ADA Participation & Accommodation Request Form

ADA Participation & Accommodation Request Form Overview

Student Instructions

Student should fill in Section 1 of the ADA Participation and Accommodation Request Form, then provide it to the student's healthcare provider for completion. Please submit the completed form to DisabilityServices@brooklinecollege.edu

Please contact your Campus ADA Coordinator for any questions.

Health Care Provider Instructions

Healthcare provider shall complete sections 2 and 3 of the ADA Participation and Accommodation Request Form including provider signature and information.

Section 1: Student/Applicant Information (Student/Applicant to Complete)

Student/Applicant Name:	
Campus:	
Program of Study:	
Student/Applicant Signature:	
Date:	

Section 2: Information Regarding the Disability (Healthcare Provider to Complete)

Please complete all information in this section.

1. Please provide a description of the student's/applicant's disability.

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2. Please specify the diagnosis and diagnosis codes, including the date of diagnosis for the student's/applicant's disability.

Primary Diagnosis & Diagnosis Code:	
Date of Diagnosis:	
Secondary Diagnosis & Diagnosis Code:	
Date of Diagnosis:	

3. How does this disability limit one or more of the student's/applicant's major life activities, such as mobility, communications, learning, working, or socializing?

4. Is the disability considered to be temporary or permanent?

- ☐ Permanent
- ☐ Temporary

If temporary, please explain:

Reasonable end date if temporary:

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5. What specific reasonable accommodation(s) are requested to enable the student/applicant to participate fully in the College educational experience?

Section 3: Healthcare Provider Information (Healthcare Provider to Complete)

Healthcare Provider Name:	
Signature:	
Office or Practice Name:	
Address:	
Telephone:	
Email:	
Date:	