



STUDENT DISABILITY SERVICES

# Disability Certification Form

To: **Clinician**

Western New England College offers services on an individual basis to students with documented disabilities. The student listed below has requested services. Please certify the student's disability diagnosis and return/fax the form to us as soon as possible to the address listed. This information is confidential and will be used to help determine eligibility for services and accommodations. The information provided will be shared only with members of the Western New England College administration, health services, counseling services, and faculty involved with coordinating services and providing accommodations. Thank you.

Name of Student: \_\_\_\_\_

Specific Diagnosis\*\*: \_\_\_\_\_

Date of Diagnosis/Time of Onset: \_\_\_\_\_

Length of Time Working with Student: \_\_\_\_\_

Most Recent Evaluation: \_\_\_\_\_

Nature of Disability: Explain the current functional limitations imposed by the condition. Indicate how the disability interferes with or limits any facet of a major life activity, including current participation in courses, programs, residential life, or activities of the College. Include the impact of medication or other treatments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific duration, stability or progression of the condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current treatment/follow up plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific recommendations for reasonable accommodations, based on disability:

\_\_\_\_\_  
\_\_\_\_\_



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\*\*For diagnosed Learning Disabilities or Attention Deficit Disorder, enclose a psycho educational evaluation including test scores and recommendations that are within the past three years.

Please Note: This Clinician's form may not be completed by student's parents or guardian.

Name (Please Print): \_\_\_\_\_

Certification/Credentials: \_\_\_\_\_

State Licensure Number (if applicable): \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Area Code/Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form as soon as possible, as our ability to respond to students' requests for accommodations is dependent on receiving appropriate documentation. Failure to return completed documentation on time may jeopardize our ability to provide reasonable accommodations and services for students.**

The College reserves the right to determine what is considered to be a reasonable accommodation. Service providers will review each student's documentation and work with students individually to determine appropriate and reasonable accommodation.

Forward completed forms and attached information to:

Bonni Alpert, Director or  
Krysten Langone, Assistant Director  
Disability Services  
Western New England College  
1215 Wilbraham Rd.  
Springfield, MA 01119

If you have any questions, you may call (413) 782-1258.

Fax to: (413) 782-1746 (and send hard copy as well).