



HARVARD UNIVERSITY

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Harvard Graduate School of Design
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Health Care Provider Form

The purpose of this form is to assist the Harvard Graduate School of Design in determining whether, or to what extent, a reasonable accommodation is necessary for student with a disability to access her/his academic program. Please answer the following questions and provide any additional supporting documentation sufficient to establish the existence of any physical or mental impairment and the need for academic accommodations. Please return this form to Kelly Wisnaskas, Local Disability Coordinator.

To be completed by the student's requesting accommodation:

Student's Name:

Academic Program:

To be completed by the Health Care Provider:

1. Does the student have a physical or mental impairment? Yes _____ No _____
2. If yes, please identify impairment _____
3. Does the impairment substantially limit one or more major life activities? Yes _____ No _____
4. If yes, please circle which major life activities are affected:

Bending
 Seeing
 Sleeping
 Caring for oneself
 Communicating
 Standing
 Concentrating
 Eating
 Hearing
 Interacting with Others
 Learning
 Lifting
 Performing Manual Tasks
 Reading

Sitting
 Breathing
 Speaking
 Thinking
 Walking

5. Based on the student's disability, what is/are the functional limitation(s) interfering with the student's ability to access her/his academic program?
6. Suggestions of reasonable accommodations, which may be appropriate in the academic program, are encouraged. Please list any suggestions for possible reasonable accommodations based on a disability. Please note: Accommodation requests are not granted on the basis of a diagnostic label. A link must be established between the requested/recommended accommodation and the current functional limitations.

Printed Name of Health Care Provider _____

Type of Practice/Medical Specialty _____

Address

Phone **Fax**

Signature of Health Care Provider **Date**