THE OFFICE OF DISABILITY SERVICES



WESTCHESTER CAMPUSES

861 Bedford Road

PLEASANTVILLE, NY 10570

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To:

From: Elisse M. Geberth, Associate Director, Disability Services, Westchester Campuses

Date:

To the professional:

I am writing at the request of \_\_\_\_\_\_\_\_\_\_\_\_\_, a student attending Pace University this semester who has requested disability accommodations. To assist Pace University in determining \_\_\_\_\_\_\_\_\_\_\_\_’s eligibility for accommodations, please complete the following questionnaire and provide us with your name, address and phone number, and information about your degree, training, and area(s) of specialization.

Disability Assessment Questionnaire

Patient Name: Date:

Date of Initial Contact:

Dates of Treatment:

Diagnosis:

Assessment Tool(s) Utilized to Determine Diagnosis:

Severity (please circle one): mild moderate severe

Degree of Impairment:

Level of Functioning:

Interventions:

Medications:

 Side effects:

Prognosis:

Please describe the limitations imposed by the disability in an academic setting (***please provide as much detail as possible***):

Academic accommodations suggested based on limitations imposed by the disability (***please provide specific recommendations for accommodations and a description as to how each accommodation mitigates the symptoms of the student’s disability***):

# Clinician Information

Name/Degree:

Address:

Phone Number:

Area of Specialization:

License Number:

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

Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact Elisse Geberth, Associate Director of Disability Services at (914) 773-3710.