

5. Is there any indication that this student may have an additional diagnosis, i.e., ADHD, learning disability, etc.? If there is, what is the additional diagnosis? Attach pertinent information.

6. Other than medical management of this disability (if applicable), what is the prescribed treatment plan for this student's condition?

7. What is the expected duration?

8. What recommendation do you have regarding accommodations, i.e., extra time for exams, distraction reduced exam space, etc. and your rationale for these recommendations?

Signature _____ Date: _____

Print name and title: _____

Address: _____

Telephone _____ Email _____

Return this information to the Office of Academic Support, Denison University, P.O. Box M, Granville, OH 43023 or fax 740-587-5629