

- Is this student taking medication that can affect attention, concentration or any other facet of learning? If yes, please list all medications and their side effects.

Medication

Side Effect(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- What are the student's functional limitations in an educational setting?

- Do you have any specific recommendations for accommodations in an educational setting?

Diagnostician's signature

Please print diagnostician's name and title

Phone:

FAX:

Date

Disability Services holds all medical and psychological documentation regarding college students in a confidential manner. Please complete this form quickly and FAX it back to our office. If you have any questions regarding this request, please contact our office at 954-201-7655. Thank you for your assistance.

Please reply to: Office of Disability Services
 Broward College
 111 East Las Olas Blvd
 Fort Lauderdale, Florida 33301

FAX: 954-201-7492