

**Student Name: GC ID#**

**Diagnosis Documentation and Guidelines**

**(Both sides of this form must be completed by a healthcare professional)**

**Diagnosis**

Please use specific and descriptive terminology. “LD” or other generic terms do not include enough information to determine the most effective ways to adjust the student’s learning environment.

**Methods and Results**

Please summarize the methods used to determine the student’s diagnosis such as, test scores, psychological report summary and/or detailed description of physical limitations. Please attach additional documentation/reports if necessary.

**Impact of disability**

Please describe the impact the disability may have on the student’s daily living, educational environment and/or workplace setting (ex: memory or concentration issues)

**Medication**

If applicable, please note any impact that medication(s) may have such as, drowsiness, behavioral changes, or need for frequent restroom use etc.

**Recommended Accommodations**

Please list reasonable requests that may help the student in an educational setting. Suggestions of ways to adjust the classroom will further assist in developing strategies that create educational equal access for the student. (Example: Additional testing time).

**Printed Name** and **Credentials/Profession:** **Date:**

**Phone:** **Email:**

**Signature:**