



Essential Functions Addendum Document: Agreement Statement

Student Name: _____

I have indicated on my Occupational Therapy Essential Functions document that I may have difficulty performing one or more of the functions listed in the essential functions document. The functions are listed below, and I may need reasonable accommodations. I will contact the Office of Students with Disabilities or Chair of the department and my OT faculty advisor to discuss this.

Student signature: _____ **Date:** _____

Please sign and send this document to the following address prior to the beginning of the semester:

Dr. Lori Charney, OTD, OTR/L
Misericordia University
Occupational Therapy Department
301 Lake Street
Dallas, PA 18612

If my status related to this Essential Functions document should change ANY time while I am an Occupational Therapy student, I agree that I will notify my Academic Fieldwork Coordinator and OT Faculty Advisor as soon as possible.