



The Disability Support Services Office (DSS) provides academic accommodations and services to students with **Temporary Disabilities**. Students seeking accommodations must provide appropriate documentation of their disability so that DSS can determine the student's eligibility for accommodations; and if the student is eligible, determine appropriate academic accommodations. A **temporary disability** is one that will resolve within three to six months. For impairments requiring accommodations for six months or longer, please refer to our [traditional accommodation process](#). To verify the disability and its severity, DSS requires the form below to be completed by the current treating licensed healthcare provider.

## Student Information

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ WU ID: \_\_\_\_\_

## For the current treating healthcare provider to complete

1. Diagnosis: \_\_\_\_\_
2. Date of your last clinical contract with student: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. The extent of the condition is:           Mild                   Moderate                   Severe
4. Expected duration of temporary disability is :           1-3 months    3-6 months    6-12 months
5. Suggested Accomodations

Please list the specific academic accommodations you suggest based on your assessment of the students clinical and academic history and diagnosis.

\_\_\_\_\_

\_\_\_\_\_

6. Please attach any relevant evaluation results or reports.

Thank you for your help in providing this information so that we may begin services as soon as possible. This form should be signed and returned to DSS at the address shown at the end of this document.

## Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

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

Print Name and Title: \_\_\_\_\_

State License: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

All documentation is considered confidential and can be mailed or faxed to:

Disability Support Services Office- Wingate University

PO BOX 159 Wingate, North Carolina

Phone: 704-233-8271 Fax: 704-233-8268