



The Taft School

110 WOODBURY ROAD, WATERTOWN, CT 06795

Student Accommodation Request Form

Taft School is committed to providing equal educational opportunities and full participation for students with disabilities. Documentation from a licensed evaluator is required to substantiate the presence of a disability, defined by the ADA as “a physical or mental impairment that substantially limits one or more major life activities,” and to establish the need for reasonable accommodations at The Taft School.

Guidelines for Academic Accommodations

- Documentation must be dated and signed with the appropriate credentials by the providing professional. Documentation must be current within the past three years.
- A neuropsychological or psychological assessment identifying the disability from a licensed/certified professional: The diagnosis should include a description of diagnostic methods, including the DSM-5 diagnosis if applicable, and criteria utilized along with the date of evaluation. The licensed professional providing the diagnosis cannot be a family member.
- Current functional impact of the condition. Describe the current relevant functional impact of the disability in an educational setting.
- Treatment: List treatments, medications, accommodations/auxiliary aids and/or services currently in use and their estimated effectiveness in addressing the impact of the condition.
- Supporting documentation: You are encouraged to submit any documentation that establishes a history of receiving appropriate accommodations in the past. Previous plans are helpful but do not provide sufficient information to establish eligibility for requested accommodations at Taft when submitted without a current corresponding evaluation

Consent for release of information

I authorize _____ [physician/evaluator’s name] to disclose the information requested in this form to The Taft School for the purpose of evaluating my request for my child’s reasonable accommodations. Additionally, I acknowledge and agree that the information provided in this form may be shared on a need-to-know basis with appropriate Taft School staff and faculty who have a legitimate educational interest in order to make a proper determination of necessary accommodations, to facilitate my accommodation request, and/or coordinate services.

Child/Student’s Name: _____

Parent’s signature: _____

Date: _____

Child/Student’s signature: _____

Date: _____

Required Disability Information (to be completed in full by physician/evaluator)

A request for a student -related reasonable accommodation has been made by _____ (student's name). To assist us with the evaluation of the request, we ask that you please answer the following questions below.

Please provide a diagnosis and/or description of the disability:

Please provide full DSM or ICD-9 code: _____

When was the initial date of diagnosis? _____

When was the last clinical contact you had with the student? _____

What is the frequency and duration of symptoms of the student's condition?

_____ Daily _____ 3x week _____ 1x month _____ Seasonal

___ None, symptoms controlled with medication _____ Other, please explain: _____

Is the student's disability:

_____ Permanent _____ Temporary _____ Episodic

Assessment instruments used to arrive at diagnosis:

Describe the substantial limitation of one or more life activities as a result of the disability associated with academics.:

List current and past treatment for this student's disability including medications, therapies and academic remediation: _____

What specific accommodations would you recommend for this student based on the disability-related impairments you indicated above? Please explain how these accommodations will reduce the effects that the student's impairment may have on performance and functioning and the student's history with the specific accommodations:

Please include any other information that may help us understand this student's impairment/needs.

Health Care Provider Information (to be completed by physician/evaluator)

Name and title: _____

Office address: _____

Phone number: _____ Email: _____

License/certification number: _____ State of license/certification: _____

Signature: _____

Date: _____