
Additional supporting documentation may be requested if necessary to provide reasonable accommodations for the student.

This condition is _____Temporary (lasting until _____) _____Permanent

The student is scheduled for re-evaluation on _____.

Symptoms of the diagnosis/injury and functional limitations related to the educational environment:

Explain the current level of functioning/progression of the condition in past 6 months.

Add relevant information regarding any medications that may impact academic performance.

Educational Accommodations recommended AND rationale for each:

____ Tutor Rationale:

____ Note taker Rationale:

____ Text on CD Rationale:

____ Test Reader Rationale:

____ Test Writer Rationale:

____ Other Service Rationale:

____ Other Course Rationale:

Other comments:

Accommodations must be approved by the MCC Special Populations Counselor and will be provided only when a clear and convincing rationale is made for the necessity of the requested accommodations.

Original signature of medical professional _____

Date signed _____

Printed/typed name of medical professional _____

Medical professional area of specialization _____

State of licensure _____

Medical professional's mailing address _____

Medical professional's phone number _____

Please return the completed form by mail, fax, or email to the following:

Tore Skogseth, Counselor
Montcalm Community College
2800 College Drive
Sidney, MI 48888

Fax: 989-328-2950 (Attn.: Tore Skogseth)
Email: tores@montcalm.edu
Office location: Room 318, Beatrice E. Doser Building