

Students with a Temporary Medical Condition

Disability Services provides support to students with temporary medical conditions as a result of injuries, surgeries, or significant illnesses. Although these students are not eligible for formal accommodations, they may benefit from services that Disability Services can coordinate, such as extra time for examinations, note taking support, or accessible housing/classrooms.

To determine eligibility for services, current and comprehensive documentation (outlined below) of the illness/injury is required from the diagnosing physician or other appropriate medical professional. Once this form is received, the Coordinator of Disability Services distribute an email to the appropriate faculty members regarding temporary accommodations. *Individual faculty members have discretion as to whether allowances will be made for missed classes and/or fulfilling course requirements (e.g., examinations, presentations, participation) due to a temporary medical condition.*

Student Name: _____

Date of Birth _____ **IWU ID #:** _____

STUDENT - PLEASE READ AND SIGN:

By signing this form, I understand that my current faculty members and academic advisor will be notified of my temporary medical condition, and that it is my responsibility to discuss my temporary accommodation needs in their courses.

Signature _____ **Date:** _____

1. Diagnosis, injury, and/or condition (based on formal assessment by a qualified provider):

2. Date of diagnosis, injury, and/or condition and last contact with the student?

3. Treatments, medications, devices, or services currently prescribed or used to minimize the impact of the illness/injury:

4. The expected duration, stability, or progression of the illness/injury:

5. Provide a clear description of the recommended accommodation(s) with rationale:

6. Check any areas of functioning impacted by the illness/injury, explain the limitation, and circle the degree of limitation:

| <i>Area of functioning (check)</i> | <i>Limitation on Functioning (explain)</i> | <i>Degree of limitation (circle)</i> |
|---|--|--------------------------------------|
| <input type="checkbox"/> Hearing | | Mild Moderate Severe |
| <input type="checkbox"/> Vision | | Mild Moderate Severe |
| <input type="checkbox"/> Speech | | Mild Moderate Severe |
| <input type="checkbox"/> Manual Dexterity | | Mild Moderate Severe |
| <input type="checkbox"/> Ambulation | | Mild Moderate Severe |
| <input type="checkbox"/> Motor Coordination | | Mild Moderate Severe |
| <input type="checkbox"/> Cognitive Skill | | Mild Moderate Severe |
| <input type="checkbox"/> Other | | Mild Moderate Severe |

7. Additional notes/comments:

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Print name and title: _____

Signature _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Return form and relevant documentation to:
Chandra Shipley, Coordinator of Disability Services
Illinois Wesleyan University ♦ PO Box 2900 ♦ Bloomington, IL 61702-2900
cshipley@iwu.edu ♦ 309-556-3231 (phone) ♦ 309-556-3436 (fax)