



## DOCUMENTATION OF SHORT-TERM MEDICAL CONDITION (6 MONTHS OR LESS)

The student named below has applied for services from the Accessibility Resource Office (ARO) at Westmont College. In order for the ARO to determine eligibility for services, we will need your assessment and diagnosis of this student.

**Please note:** All information that you provide may be shared with the student. This information is kept confidential, and cannot be released without written consent from the student.

Student Name: \_\_\_\_\_ Today's date \_\_\_\_\_

Certifying professional (please print): \_\_\_\_\_ Title \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

1. What is the diagnosed impairment?

\_\_\_\_\_

2. What is the date of impairment? \_\_\_\_\_

3. What is the duration of this medical condition? When is it expected to be resolved?

\_\_\_\_\_

4. Please describe the effects of the medical condition, including side effects and/or pain symptoms on academic performance?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Recommendations for accommodations:

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\_\_\_\_\_





# WESTMONT

ACCESSIBILITY RESOURCE OFFICE

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Signature

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Date

**Return to:**

Westmont College

The Accessibility Resource Office

955 La Paz Rd., Santa Barbara, CA 93108

**FAX** to: 805-565-7244

**EMAIL/SCAN** to: [aro@westmont.edu](mailto:aro@westmont.edu)

