

**PHYSICAL/MOBILITY DOCUMENTATION GUIDELINES**  
**DISABILITY PROVIDER FORM**

Your patient/client has requested accommodations through the Academic Success Office at Presbyterian College. The Academic Success Office coordinates the collection and review of documentation in conjunction with the Coordinator, Disability Support Services to provide reasonable accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008, as well as other applicable state and federal laws.

**Student's Name** \_\_\_\_\_

**Student's Date of Birth** \_\_\_\_\_

**Date of Last Visit/Consultation** \_\_\_\_\_

A mobility impairment is a broad category that includes any condition that makes it difficult for the student to move about and use their upper and/or lower limbs.

In order to be considered eligible for reasonable accommodations relating to Physical/Mobility disability, the following documentation is required: current medical documentation provided by a licensed physician which has been provided **within three calendar years of the student's date of enrollment in Presbyterian College.**

**NOTE to PROVIDERS:** Please submit this completed form along with any related documentation. Complete documentation is important. Inadequate information, incomplete answers and /or illegible handwriting may delay the eligibility review process for students.

1. Diagnosis (Include date of diagnosis, DSM-5/ICD-10 codes)  
\_\_\_\_\_  
\_\_\_\_\_

2. Current Symptoms  
\_\_\_\_\_  
\_\_\_\_\_

3. Limitations caused by disability  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If applicable, indicate any medications currently prescribed which may impact the student's functioning, including any impact produced by side effects.  
\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate recommendations regarding accommodations for this student and the rationale as to why these accommodations are needed based on the student's limitations. Clearly indicate the accommodations you are recommending.  
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*I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.*

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

License/Certification # \_\_\_\_\_ State \_\_\_\_\_

Name/Title: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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**DOCUMENTATION MAY BE SENT TO:**  
Presbyterian College  
Academic Success Office/Accommodations  
503 S. Broad Street  
Clinton, SC 29325  
Email: [accommodations@presby.edu](mailto:accommodations@presby.edu)