## **Disability Resources**

Case Western Reserve University 10900 Euclid Avenue Cleveland, Ohio 44106-7062

> Phone 216-368-5230 Fax 216-368-8826 disability@case.edu

## STUDENT INFORMATION

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:		
DATE OF BIRTH:				
	DIAGNOSTICINFORMATION			
How long has this student been under your care?				
Is the student currently under you	r care? Yes / No			
Diagnosis:				
Date of diagnosis:				
How was the diagnosis determined? (Please include any tests/ measures used)				
What is the severity of the disorde	er?Please explain in as much detail as po	ssible.		
What is the expected duration of t	he disability?If it is an ongoing or lifetime	e disability, please note.		

Contact information:	
Address: Telephone: FAX and/or Email address:	
Printed Name: License #:	Professional Signature: Date: