



## ADA Accommodation Recommendation Form

Completing this document does not guarantee that Cairn University will provide the patient/client with recommended accommodations. Accommodations under the ADA may be denied if they impose an undue hardship, fundamentally alter a program, pose a direct safety threat, or if the individual is not qualified with or without accommodations. Requests may also be denied if insufficient documentation is provided, the accommodation is unreasonable, or the condition is not covered under the ADA. Cairn University carefully evaluates all requests and explores alternatives where possible.

### Section 1: Provider Information

- **Provider Name:** \_\_\_\_\_
  - **Professional Title:** \_\_\_\_\_
  - **License Number and State:** \_\_\_\_\_
  - **Specialization (if applicable):** \_\_\_\_\_
  - **Practice Name:** \_\_\_\_\_
  - **Practice Address:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
- 

### Section 2: Patient/Client Information

- **Full Name:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_\_
  - **Relationship to School/Workplace (e.g., student, employee):** \_\_\_\_\_
  - **Primary Contact for Follow-up (if required):** \_\_\_\_\_
- 

### Section 3: Diagnosis Information

- **Diagnosed Condition(s):** \_\_\_\_\_
- **Date of Diagnosis:** \_\_\_\_\_



- **ICD-10 Code(s) or DSM Code (if applicable):** \_\_\_\_\_
- **Diagnosis Summary:** Please provide a brief summary of the patient/client's condition and relevant history.

- \_\_\_\_\_
  - \_\_\_\_\_
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#### Section 4: Functional Limitations and Impact on School/Workplace

- Describe the functional limitations resulting from the diagnosed condition and how they impact the patient/client's ability to perform essential tasks in school or the workplace.

- \_\_\_\_\_
  - \_\_\_\_\_
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#### Section 5: Recommended Accommodations

Please list each recommended accommodation below. Be specific in describing the accommodation, the context in which it is needed (e.g., school, workplace), and the reason for the recommendation.

##### 1. Accommodation Recommendation #1:

- **Accommodation Description:** \_\_\_\_\_
- **Specific Context (school/workplace):** \_\_\_\_\_
- **Rationale:** Please explain why this accommodation is appropriate, citing specific functional limitations.
  - \_\_\_\_\_
- **Evidence-based Support:** Provide research or professional evidence supporting the accommodation for the diagnosis.
  - \_\_\_\_\_



■ \_\_\_\_\_

**2. Accommodation Recommendation #2:**

- **Accommodation Description:** \_\_\_\_\_
- **Specific Context (school/workplace):** \_\_\_\_\_
- **Rationale:** \_\_\_\_\_
- **Evidence-based Support:** \_\_\_\_\_

**3. (Add additional recommendations as needed)**

\_\_\_\_\_

**Section 6: Overall Recommendation Summary**

- **Summary Statement:** Please summarize the overall goal of the recommended accommodations and how they will support the patient/client’s ability to perform essential functions in the school/workplace environment.

- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_

**Section 7: Provider Statement and Signature**

I confirm that the above recommendations are made based on my clinical assessment of the patient/client and are reasonable accommodations appropriate to their diagnosed condition(s). I understand this documentation may be reviewed as part of an ADA accommodation request.

- **Provider Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

