



**Student Accessibility Services (SAS)
Counseling Center, New York City
156 William Street, New York, NY 10038
Telephone: (212) 346-1526
Fax: (914) 989-8047
Fax: (212) 346-1530
E-mail: disability@pace.edu**

**Disability Assessment Questionnaire:
General Accommodations**

Patient's Name:

Date:

Professional's name:

Medical or other specialty:

Degree:

State of Licensure and License #:

Address 1:

Telephone #

Address 2:

Fax #

Date of Initial Contact:

Date of Last Contact:

Frequency of appointments:

- Once a week
- Biweekly
- Once a month
- Once every three to six month
- Once a year
- On an as needed basis

Primary Diagnosis:

Other Diagnoses:

Severity (please circle one):

Mild

Moderate

Severe

Explain the severity:

Major Life Activities Impacted by condition(s):

Interventions:

Medications:

Side effects:

Expected duration of the condition:

Short term (less than 6 months)

Episodic

Long Term (6 months – 1 year)

Chronic (longer than a year with frequent recurrence)

Other (please explain below)

Current functional limitation and related symptoms:

Impact of limitations and symptoms in the classroom setting:

Suggested academic accommodations based on difficulties imposed by the disability:

Other comments:

Signature: _____

Date: _____

Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact:

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