THE OFFICE OF DISABILITY SERVICES



Westchester Campuses

861 Bedford Road

PLEASANTVILLE, NY 10570

PHONE: (914) 773-3710

FAX: (914) 773-3639

To:

From: Elisse M. Geberth, Associate Director, Disability Services, Westchester Campuses

Date:

To the professional:

I am writing at the request of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student attending Pace University this semester who has requested disability accommodations. To assist Pace University in determining \_\_\_\_\_\_\_\_\_\_\_\_’s eligibility for accommodations, please complete the following questionnaire and provide us with your name, address and phone number, and information about your degree, training, and area(s) of specialization.

Disability Assessment Questionnaire

Patient Name: Date:

Date of Initial Contact:

Dates of Treatment:

Diagnosis:

Severity (please circle one): mild moderate severe

Degree of Impairment:

Level of Functioning:

Interventions:

Medications:

 Side effects:

Prognosis:

Limitations imposed by the disability in a residence hall setting:

Please state how will disability be addressed in the residential hall and **specific recommended accommodations**:

Rationale for the **medical necessity** of the housing accommodation(s) based upon the disability (***please be as specific as possible when providing a description as to the necessity of the recommended accommodation and/or how it mitigates the symptoms of the disability***):

Prior interventions utilized in the past to address issues related to residence hall accommodations:

Outcome of those interventions:

# Clinician Information

Name/Degree:

Address:

Phone Number:

Area of Specialization:

License Number:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact Elisse Geberth, Associate Director of Disability Services, at (914) 773-3710.