

**Hamilton College  
Professional/Specialist Disability Registration Form  
Request for Accommodations**

To: Clinician

Hamilton College offers services on an individual basis to students with documented disabilities. The student listed below has requested support services. Please certify his/her disability diagnosis and fax/return the form to us as soon as possible to the address listed. This information is confidential and will be shared only with members of the Hamilton College administration, health services, counseling staff and faculty involved with coordinating services and accommodations.

Thank you.

Name of Student: \_\_\_\_\_

Specific Diagnosis\*\*\*: \_\_\_\_\_

Date of Diagnosis/Time of Onset: \_\_\_\_\_

Length of Time Working with Student: \_\_\_\_\_

Most Recent Evaluation: \_\_\_\_\_

Nature of Disability: Explain the current functional limitations imposed by the condition. Indicate how the disability interferes with or limits any facet of a major life activity, including current participation in courses, programs, or activities of the College. Include the impact of medication or other treatments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific duration, stability or progression of the condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current treatment/follow up plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specific recommendations for appropriate accommodations, based on disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Continue on reverse side

**Hamilton College**  
**Professional/Specialist Disability Certification Form**  
**Request for Accommodations**  
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Name (Please Print): \_\_\_\_\_

Certification/Credentials: \_\_\_\_\_

State Licensure Number (if applicable): \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

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

Area Code/Telephone: \_\_\_\_\_

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

Return by July 1st for the Fall Semester or January 1st for the Spring Semester:

Forward completed forms and documentation to:

Allen Harrison, Jr.  
Associate Dean of Students for Diversity and Accessibility  
198 College Hill Road  
Clinton, New York 13323  
Phone: 315-859-4021  
Fax: 315-859-4077  
aharriso@hamilton.edu

\*\* For diagnosed Learning Disabilities or Attention Deficit Disorder, enclose a psycho-educational evaluation, administered within three years of the date of enrollment, which includes the following,

1. A measure of intellectual or cognitive functioning: Wechsler Adult Intelligence Scale-III
2. A measure of achievement in reading comprehension, written language, and mathematics such as:
  - Woodcock-Johnson Psycho-Educational Battery-R. Tests of Achievement
  - Kaufman Test of Achievement
  - Scholastic Ability Test for Adults
  - Test of Written Language-2 (TOWL)
  - Nelson-Denney reading Test
  - Woodcock Reading Mastery Tests-R
  - Stanford Diagnostic Mathematics Test
3. A measure of information processing in one or more of the following areas:
  - Visual and/or auditory processing
  - Memory
  - Processing speed
  - Attention and concentration
  - Perceptual motor skills
  - Other cognitive areas