

6. What measures were used to assess current educational achievement?

7. Do you have any recommendations to make regarding effective academic accommodations to equalize the student's educational opportunities at the post-secondary level? (Describe services/accommodations in exam administration, classroom or study activities, or course requirements.)

8. Provide a medication history related to this disability

9. Could the medication interfere with student's ability to achieve academically?

Yes

No

In addition to the diagnostic report, please attach other information relevant to this student's academic adjustment.

Signature:

Print Name and Title:

License/Certification Number:

Address:

Telephone:

Date:

Please return this completed form to:

Anne Arundel Community College
Disability Support Services/SUN 140
101 College Parkway, Arnold, MD 21012
FAX: 410-777-4070 | dss@aacc.edu

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