



**C. Physical Disability or Disease:** Include background information and clinical narrative and pertinent treatment history including medications with side effects if applicable

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**2. Description of how the condition currently impacts the student in the academic environment.** This should be thorough enough to demonstrate whether and how the major life activity of learning is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

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**3. Recommendations for accommodation.** This description should include current and past accommodations, services, and/or medications, if applicable, and their effectiveness in ameliorating functional impacts of the disability.

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Professional's Signature	Professional's Printed Name	Date
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Credentials	License #	Address	Phone
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Disability Services Fax Numbers: Edgewood 859-341-6859 or Covington 859-292-6415