SOUTHEAST Technical College

ACCESSIBILITY SERVICES
QUALIFIED HEALTH PROFESSIONAL FORM

Student Information

Student Instructions: Complete the information below and send this form to the Qualified Health Professional who diagnosed or treated your condition.

Name _____ Birthdate _____

Student's Signature _____ Date _____

By signing above, I consent to allowing my current healthcare provider to share information relevant to my need for accommodations with the Accessibility Services Coordinator at Southeast Technical College.

Section 2: Disability Information (to be completed by healthcare provider)

Qualified Health Professional: A letter on official letterhead may be used as a substitute for this form if all items below are addressed. Submit the completed Qualified Health Professional Form (and letter, if applicable) via mail, fax, or email.

1. Specific Diagnosis of Student's Disability and/or Diagnostic Code:

2. Date of Initial Diagnosis: _____

3. Check the following major life activities that are adversely affected by the student's disability:

☐ Breathing	☐ Reading	☐ Walking
☐ Hearing	☐ Seeing	☐ Working
☐ Learning	☐ Speaking	☐ Writing
☐ Performing Manual Tasks	☐ Typing	☐ Other: _____

4. Did you conduct an individualized assessment of this student? ☐ Yes ☐ No

If yes, list the specific type of assessment(s) conducted (e.g. Woodcock-Johnson, Weschler Adult Intelligence Scale) and provide a copy of the assessment (s), if available:

5. Provide a summary of the current treatment plan including all medications and possible side effects prescribed for the treatment of the student's disability:

6. Provide a summary of the required accommodations for this student:

7. Describe how this student is adversely affected by disability in an academic setting:

Qualified Health Professional Name (printed): _____

Credentials: _____ Specialty Certification/Qualifications: _____

Address: _____

Phone Number: _____

Provider's Signature _____ Date _____

Please submit this form and any supporting information via mail, fax, or email to:

Mail:
Accessibility Services Office
Southeast Technical College
2320 N Career Ave
Sioux Falls, SD 57107

Fax:
605-367-8305

Scan and email:
access@southeasttech.edu