



DISABILITY EVALUATION

First Name: _____ Last Name: _____

NU ID: _____ Date of Birth: _____

UNO Major/Program: _____

I have reviewed the medical status of this student. I have conducted an exam for the purpose of assessing whether the student has a physical, psychological, sensory, or learning disability, the impact of said disability, if any, on major life activities, and which accommodations may be reasonable concerning the student’s ability to participate in their academic program or an activity at the University of Nebraska at Omaha. The answers provided below, and any additional statements made, reflect my medical judgment concerning the status of this student.

1. Have you diagnosed this student with a disability? ____ Yes ____ No

If yes, please provide the DSM-5 or ICD diagnosis, level of severity, date of initial diagnosis, and date of your last contact with student.

2. Please describe the functional limitations that the student experiences as a result of this disability diagnosis.

3. Which aspects of university programs or activities are unable to be performed by the student due to these functional limitations?

4. Do you know of any accommodation(s) that might help the student participate effectively in university programs or activities? Yes No

If yes, please explain the nature of the recommended accommodations in detail, and how they relate to the functional limitations.

5. Is this a temporary or time-limited condition? Yes No

If yes, please state the specific dates that the student will need temporary accommodations:

6. Does the student have any physical or mental impairment that would create a current, significant risk of serious harm to themselves or others if they participate in the program or activity at issue? Yes No

If yes, please explain in detail:

7. In considering whether the student poses a significant risk of serious injury or death to themselves, I have considered the following:

- a. The severity of harm Yes No
- b. The likelihood of an accident or other cause of harm occurring Yes No
- c. The imminence of the potential harm (not just a speculative risk) Yes No

Please print or type:

Provider Name: _____

Title or Professional Designation: _____

Highest Academic Degree: _____

Board Certification or Specialty: _____

Complete Address: _____

Phone: _____

Fax: _____

Email: _____

Signature of Provider: _____ Date: _____