

**PEABODY CONSERVATORY OF MUSIC
OFFICE OF STUDENT AFFAIRS**



Request for Disability Accommodation – Part I

Please supply the information requested below. Return this form along with the required diagnostic/medical documentation to the Office of Student Affairs.

Date of request: _____

Name: _____

Major: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Campus address: _____

What is the nature of your disability, including your diagnosis?

When was this diagnosis made, and by whom?

Describe the accommodations you are requesting, including any adaptive equipment. Please be as specific as possible.

Are you in need of an individual emergency evacuation plan? If so, please indicate what accommodations you would need for this plan.

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Request for Disability Accommodation – Part II

For Completion by Medical Provider:

Name: _____

Title: _____

Credentials: _____

Contact Information: _____

Patient Name: _____

To determine eligibility for reasonable accommodations, the Peabody Institute requires current and comprehensive documentation for the student's condition from a licensed clinical professional or health care provider familiar with the history and functional limitations of the student's condition(s). The provider giving the below information must not be a relative of the student or a friend of the student or student's family. Thank you for your time and support in providing assistance to this student. Please return this form and your responses on professional letterhead as soon as possible via fax, email or mail.

1. Presenting problem and relevant history;
2. Diagnosis (DSM if applicable), duration and severity of disability;
3. Substantial disability-based limitations and, specifically, how they relate to the educational environment;
4. Whether these substantial limitations continue to be the case when following recommended treatment;
5. Substantial medication side effects, if any;
6. Is there the expectation that this condition will extend past the upcoming academic year; and
7. Suggested accommodations in an educational setting.

For students living in the residence hall (on-campus housing), please address the following:

8. How does this medical condition or disability specifically impact the students' living environment?
9. Please explain in detail the living arrangements required to fill this expressed need.
10. What are the medical / psychological / physical ramifications, if this need is not approved.

Please send documentation to or to ask questions contact:

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