

4. List any factors in the student's living environment that impact the severity of the symptoms experienced and expected outcome.

| Living Environment Factor | Symptom | Outcome |
|---------------------------|---------|---------|
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| | | |

5. Please suggest any living accommodations that may assist the student in dealing with symptoms. Indicate the relationship between the accommodation and current symptom. Include a statement of the level of need for the accommodation.

6. Are there any additional comments or information that you feel the committee should be aware in terms of the outlined condition or need?

Licensed Health Care Provider's Signature

Date

Print Licensed Health Care Provider's Name and Title

Address

Telephone

E-mail