

4. Describe the student's functional limitations in an educational setting: _____

5. List current medication along with any current side-effects which may impact academic performance:

6. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate services, academic adjustments, or other accommodations to equalize the student's educational opportunities at XAVIER UNIVERSITY OF LOUISIANA as justified based on the functional limitations indicated above.

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> extended time (1.5x) | <input type="checkbox"/> distraction-reduced environment |
| <input type="checkbox"/> no scantron | <input type="checkbox"/> alternative test format |
| <input type="checkbox"/> books on tape | <input type="checkbox"/> enlarged text(font size____) |
| <input type="checkbox"/> consideration for absences | |
| <input type="checkbox"/> other _____ | |

Qualified Professional's Signature: _____
Printed Name & Title: _____
Daytime Telephone Number: _____
Address: _____
Date: _____

Please return this form directly to:

***Xavier University of Louisiana
Office of Disability Services
1 Drexel Drive Box 97
New Orleans, LA 70125
Phone: (504) 520-7315
Fax: (504) 520-7943***

