Student Accessibility Services
New York Campus
161 William St, 10th Floor
New York, NY 10038
sasnyc@pace.edu
Phone: (212) 346-1199
https://www.pace.edu/student-accessibility-services

Disability Assessment Questionnaire: Academic Accommodations

Patient's Name: Date:

Professional's name:

Medical or other specialty: Degree:

State of Licensure and License #:

Address 1: Telephone #

Address 2: Fax #

Date of Initial Contact:

Date of Last Contact:

Frequency of appointments:
- Once a week
- Biweekly
- Once a month
- Once every three to six month
- Once a year
- On an as needed basis

Primary Diagnosis:

Other Diagnoses:

Severity

Explain the severity:

Major Life Activities Impacted by condition(s):

Interventions:

Medications:

Side effects:

Expected duration of the condition:

- Short term (less than 6 months)
- Episodic
- Long Term (6 months – 1 year)
- Chronic (longer than a year with frequent recurrence)
- Other (please explain below)

Current functional limitation and related symptoms:

Impact of limitations and symptoms in the classroom setting:

Suggested academic accommodations based on difficulties imposed by the disability:

Other comments:

Signature: ___________________________________ Date: _______________________

Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact:

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