LINCOLN TECH®
GROUP OF SCHOOLS
Lincoln Technical Institute ■ Lincoln College of Technology
Lincoln Culinary Institute ■ Euphoria Institute of Beauty Arts & Sciences

Health Care Provider Verification

Student Name (please print) _____

Date: _____

With this form, the student or applicant may also submit information from a physician, licensed health care provider, or the licensed appropriate diagnostician who has examined or treated or evaluated the student/applicant and can provide an assessment of the disability and needed accommodation. This assessment should verify the nature of the disability on the individual's ability to participate in our programs, the timeframe of the accommodation, and must clearly substantiate the need for any accommodation requested. This information can be provided on this form or a form supplied by the person submitting the assessment.

Please note that, in some circumstances, the school may require that this information be provided.

Name of physician, licensed health care provider, or the licensed appropriate diagnostician who has examined or treated or evaluated the student/applicant _____

Type of License: _____

Relationship to student/applicant (e.g., treating physician): _____

Nature of student/applicant disability _____

_____

_____

Functional limits due to disability and how they affect ability to participate in educational programs.

_____

_____

Accommodation needed – please explain rationale as relates to disability _____

_____

_____

_____

_____

Page 1 of 2

For how long do you estimate the accommodation will be needed?
_____

_____

_____

Signature:_____

Date:_____

Page2 of 2