

Student Access Services

Student's Name:

Student Access Services at Arapahoe Community College asks the student to provide information from a licensed professional to assist in the process of determining accommodations.

As the licensed professional, we ask that you:

1. Complete this form by answer the questions below on letterhead.
2. Sign either this form or the Letterhead including your license number.

What is the student's disability or diagnosis?

How does the disability or diagnosis impact the student's learning in an educational setting?

Do you have any suggestions for accommodations?

Signature of Licensed Professional: _____ Date: _____

License Number: _____