

Part II. Current Symptoms

- 4. Please provide information regarding the student’s current presenting symptoms, such as social interaction, verbal/nonverbal communication, sensitivity to sensory input, fixated interests, repetitive behaviors, and/or adherence to routines:

Part III. Functional Limitations

- 5. Please describe the functional limitations of the disorder for this student in an educational setting and list any recommendations you have for academic accommodations.

- 6. Please describe the functional limitations of the disorder for this student in a residential setting and indicate what housing accommodations might mitigate the symptoms.

- 7. Is the student current taking medication(s) for ASD symptoms? If yes, please describe the side effects that impact the student’s functioning (e.g., concentration, sleeping, recall ability, eating, etc.)

PROVIDER INFORMATION:

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____

Telephone: _____

Once completed, please return this form back to the student so that they may upload it with their Accessibility Services Application (found on the FUS website or on the Port). If you have questions regarding this form, please call Accessibility Services at 740-284-5358.