

**MSU Access Services**  
**Academic Support Center**  
Gordon B. Olson Library

500 University Avenue West  
Minot, ND 58707  
Phone: 701-858-3372



To Whom It May Concern:

We're in the process of evaluating eligibility for access services for the individual named in this letter. Please respond to the following questions pertaining to the individual listed below to assist MSU Access Services in determining eligibility status. Please identify whether or not symptoms are ongoing or intermittent when appropriate.

A diagnosis independent of functional limitations is not useful in determining eligibility; therefore, it's important to identify **how** this individual is impacted (symptoms) and the **degree** to which s/he is impacted. **If you have documentation that already answers the questions listed below, you're invited to submit information on letterhead instead of recording it for a second time in this letter.**

Name:	Date of Birth:
Diagnosis:	Date of most recent evaluation
Diagnostic code(s):	

What symptoms and/or limitations pertaining to the diagnosis have been identified for this individual?

In what way(s) is access to the learning environment and/or campus programming **substantially** reduced or prevented as a result of these limitations? (Please explain)

**Examples:** studying, taking or preparing for tests, taking class notes, in-class participation, absorbing new information, attending (concentrating), physical navigation/mobility, class attendance etc.

Are symptoms/limitations likely to change over time? If yes, please explain.

Are there treatments, medications, adaptive devices or assistive technology prescribed or utilized by this individual (focusing on those that are intended to reduce the impact of the diagnosis in this letter).

Are symptoms fully managed with current treatment or do symptoms/limitations persist to a significant degree despite treatment? Please identify medication side effects, if any, that could have a significant impact on the student's access to learning.

Based on the limitation(s) described above, what recommendations do you have to increase access to the learning environment and campus programming (**please indicate your rationale**).

**Thank you** for responding to our inquiry regarding the individual named in this form (**see below**).

Respectfully,  
Beth Odahlen  
MSU Access Services

Additional Comments?

**Please sign below to certify that the information provided reflects your professional assessment of the individual's current level of functioning.**

Signature: \_\_\_\_\_

By typing my name in the text box above, I authorize this as my digital signature

Print Name & Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**NOTE:** Recommendations related to the functional impact of a disability will be carefully considered in an effort to understand the **correlation** between the student's limitations and the qualifying professional's suggestions for accommodations/services. The access services provider will determine whether or not recommendations are reasonable in a post-secondary educational environment and consistent with the Americans with Disabilities Act, the Rehabilitation Act of 1973 (section 504), and relevant legislation that guides this institution. If recommendations exceed that which can be reasonably provided through MSU Access Services, we may use this information to make appropriate referrals in an effort to serve the student.