

2. Frequency/Duration (daily, weekly, monthly, number of days, etc.)

3. Which services, if any, do you recommend? (This is for informational purposes only. If required, Guilford Tech will determine the appropriate services.)

Thank you for your cooperation in this matter. Your prompt attention will allow us to begin providing services as soon as possible. Incomplete or missing information can prevent or delay necessary services. This form must be completed and signed by the qualified professional who performed the evaluation and made the diagnosis.

Professional Credential Documentation (PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.)

Name _____

Address _____

Title _____

Professional Credentials _____ Phone : _____

License/Certification number _____

Signature _____ Date _____

To expedite the process, you may fax a copy to (336) 819-2030. All documentation is confidential (in addition to faxing) please mail the signed, original form to: Guilford Technical Community College:
disAbility Access Services
P.O. Box 309
Jamestown, NC 27282

Attention: _____