



Academic Accommodations

Date: _____

Student Name: _____ D.O.B. _____ Grade: _____

This student may return to school on _____ with the following academic accommodations:

Attendance:

- Late Start/Early Release
- Alternate Morning/Afternoon Attendance
- Breaks During the School Day
- Other:

Comments:

Physical Limitations:

- Limited Participation (please specify)
- No P.E. Class
- Other:

Comments:

Assignments/Homework:

- Focus on Essential Assignments
- Extended Time to Complete Assignments
- Access to Class Notes
- Limit Reading
- Limit Writing
- Limit Time on Computer
- Other:

Comments:

Assessments:

- Alternative Testing Format
- Extended Time to Complete Tests
- Postpone Testing
- Other:

Comments:

This student:

- will return to clinic in/on _____ for follow up and updated accommodations.
- can return to school without academic accommodations in/on _____.

Name of Physician (print): _____ Clinic Name: _____

Physician Signature: _____ Date: _____