These may include, but are not limited to migraines, cerebral palsy, paraplegia, quadriplegia, epilepsy, acquired brain injury, traumatic brain injury, etc.

- **Current Diagnosis(es)** – if applicable, type of acquired/traumatic brain injury including the date of injury and any relevant neuropsychological testing.

- **Presenting Concerns** - Discussion of how the student’s current symptoms (ongoing difficulties and behaviors) substantially impact learning and academic achievement in a postsecondary environment. Areas may include:
  - Intellectual and cognitive competence
  - Motor, visual, auditory, and tactile functioning
  - Speech, language, and communication ability
  - Executive functioning – memory, concentration, attention
  - Academic achievement – reading, writing, math, oral language

- **Background History** – Information regarding the student’s history of any prior accommodations received (i.e., in high school, another University setting, etc.).

- **Medications/Treatment** – Information regarding the student’s current medication(s) (including dosage/frequency and any known adverse side effects), and/or current treatments (i.e., regular counseling or therapy, medication management appointments, etc.).

- **Recommendations** – specific recommendations for accommodations, auxiliary aids and/or services based on the impact of the condition in the postsecondary environment.

- **Evaluator Qualifications** – Information should be typed, on letterhead and include name and title, license number with state (if applicable), address, phone number, fax number, email address and signature of evaluator or medical professional.

Documentation may be submitted confidentially to via:

**Online by the student:** MyAccess at [https://myacces.apps.sa.uconn.edu](https://myacces.apps.sa.uconn.edu) (NetID and password required)

**Email:** myaccess-csd@uconn.edu

**Fax:** (860) 486-4412

**Mail:** Center for Students with Disabilities  
University of Connecticut  
233 Glenbrook Rd., Unit 4174  
Wilbur Cross, Room 204