



Disability Documentation
To be completed by the diagnosing professional

Student Name: _____ **DOB:** _____

The purpose of this medical form is to provide information to support NTC academic accommodations due to restrictions/ limitations resulting from a pregnancy or birth of a child under Title IX.

1. When is the expected due date of the pregnancy? _____
2. What is the recommended leave time as a result of the pregnancy and/or childbirth?

3. Does the student have any limitations/restrictions as a result of pregnancy/childbirth?
Yes_____ No_____
If yes, please describe the specific functional limitations/restrictions and how they might impact the student's academic activities.
4. If a student is taking online classes, are there any limitations/restrictions impacting her ability to continue to work on her course work (such as completing assignments/projects/tests by assigned class deadlines) from home during leave time? Yes_____ No_____ If yes, please explain.
5. During leave time, is the student able to attend class or a clinical/practicum site?
Yes_____ No_____ If yes, are there any limitations/restrictions to attending the class, clinical, or practicum?

Provider's Name: _____ Title: _____

Provider's Signature: _____ License #: _____

Address: _____
Street City State Zip

Phone: _____ Date: _____

Please complete and fax/mail all supporting documentation to:
Northcentral Technical College
Attn: Lindsey Gile, Accommodations Services Coordinator
1000 W. Campus Dr., Wausau, WI 54401
Fax: 715.301.2469