



Office for Disability Services  
Southern Maine Community College  
2 Fort Road  
South Portland, ME 04106

Phone: (207) 741-5832 or  
(207) 741-5923  
Fax: (207) 741-5678

**Services for Students with Diagnosed Disability**  
**Autism Spectrum – PROVIDER FORM**

**Student Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

1. DSM-V Diagnosis: \_\_\_\_\_  
Severity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Provide information regarding the student’s current presenting concerns and current symptoms. Functional limitations listed should include, but are not limited to, communication or language skills; social interaction; restricted, repetitive and/or stereo-typed patterns of behavior and activities; sensory functioning and sensitivity to environmental conditions, and motor planning.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Explain how the symptoms related to the student’s disorder are significant enough to substantially limit one or more major life activity (e.g. learning, eating, walking, interacting with others, etc.) within academic experiences or campus residence hall setting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please check-in, which of the following areas are affected significantly enough to have a negative impact in a higher education setting? When applies:

- |   |   |
|---|---|
| <input type="checkbox"/> Oral Expression                | <input type="checkbox"/> Eating                           |
| <input type="checkbox"/> Written Expression             | <input type="checkbox"/> Sleeping                         |
| <input type="checkbox"/> Written Reception              | <input type="checkbox"/> Social interactions              |
| <input type="checkbox"/> Auditory Reception             | <input type="checkbox"/> Working in groups                |
| <input type="checkbox"/> Perceptual Distortions         | <input type="checkbox"/> Time management/organization     |
| <input type="checkbox"/> Delusions                      | <input type="checkbox"/> Timely submission of assignments |
| <input type="checkbox"/> Memory                         | <input type="checkbox"/> Attending class regularly        |
| <input type="checkbox"/> Concentration                  | <input type="checkbox"/> Making and keeping appointments  |
| <input type="checkbox"/> Managing Internal Distractions | <input type="checkbox"/> Stress management                |
| <input type="checkbox"/> Managing External Distraction  |   |
| <input type="checkbox"/> Self-Care                      |   |

Provide further detail for any item checked in question #4.

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5. Please discuss student's strengths and any challenges associated with transition to college.

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6. Does this individual take medications regularly? \_\_\_\_\_Yes \_\_\_\_\_NO

Are there any side effects that might significantly impact education?  
Please, be specific:

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7. Determination of reasonable accommodations in the academic and/or campus residence hall setting will be decided by the SMCC Disability Support Services professional after review of disability documentation. Suggestions and/or recommendations are welcome along with an explanation of the relevance related to the diagnosis.

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**Professional Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Credentials: \_\_\_\_\_

Professional Contact information:

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Signature of professional: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

Southern Maine Community College  
Office for Disability Services  
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So. Portland, Maine 04106  
Phone: (207) 741- 5923  
Fax: (207) 741- 5678  
Email: [disabilityservices@smccme.edu](mailto:disabilityservices@smccme.edu)  
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