Attached to this form is the current description of the programs / services offered at ______________________________ (institution), including the physical and mental demands of the program / service. Please answer the following questions regarding the prisoner’s condition as it relates to possible accommodations. The prisoner’s signed release is also attached.

1. Does the prisoner have a disability that substantially limits a major life activity? If so, describe the disability and the limitation.

2. Does the prisoner use any mitigating measures (medications, assistive technologies, etc.)? How do the mitigating measures affect the disability?

3. Does this disability affect the prisoner’s activities of daily living? If so, please describe the impact.
4. Does the disability affect the prisoner’s ability to participate in programs / services of the institution? If so, please describe the impact.

5. Are there any accommodations that in your opinion, this prisoner needs? If so, please describe those accommodations.

6. Is the need for accommodation likely to be temporary or permanent? If temporary, how long do you estimate the need for accommodation will exist? When is the prisoner's next evaluation date?

__________________________________________  ______________________________________
Provider Printed Name                                                                 Professional License Or Specialty

__________________________________________  ______________________________________
Provider Signature                                                                     Date

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