

Documentation of Parenting Student Under Title IX

Stı	udent Information			
 Firs	·st N	Middle		Last
Program				Student ID Number
Me	edical Information (This section is to be com	nplete by a qu	ialified medica	al doctor or specialist)
1.	Patient's Full Name			
2.	Patient's relationship to student listed above			
3.	When was your last contact with the patient?			
	tle IX defines parenting to include situations ontinuing treatment of terminal illness, or de	_		n diagnosed with terminal illness,
4.	What is the diagnosis and prognosis?			
5.	Provide an estimated length of time the student will need adjustment(s) to their academic course work to care for the patient.			
Pro	vider Information			
N	lame (Please Print):			
Medical Specialty:			License #:	
Α	Address:			
Phone:			Email:	
C	Clinician's Signature:			Date:

Accommodation Services
Phone: 920.693.1120 (Nicole) | 711 (Wisconsin Relay)
Email: nicole.yang@lakeshore.edu
Fax: 920.646.7262 | Web: www.lakeshore.edu