GUIDELINES FOR DOCUMENTATION OF PHYSICAL DISABILITIES AND HEALTH DISORDERS
(including deaf/impaired hearing, blind/low vision, ADD/ADHD, chronic illness and head injury)

The following information will assist the ODS staff in collaborating with the student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student’s request for accommodations under the Americans with Disabilities Act.

This documentation requires the expertise of a physician or other medical professional with experience and expertise in the area for which accommodation are being requested. This professional must be an impartial individual who is not a family member of the student.

Following FERPA, information submitted will become an educational record and can be released to the student named below upon his/her request.

Name of Student:____________________________________________ Date of Birth:____________________

1. Please provide a clear statement of the medical diagnosis of the disability or illness:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Describe present symptoms that meet the criteria for diagnosis and attach supporting test results (Attach current audiogram for deaf/hearing impairment or visual acuity measurements for blind/low vision. For head/brain injury and learning disabilities, attach summary of cognitive and achievement measures utilized and results including standardized test scores used for diagnosis):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3. Describe the current impact that the disability or illness has on the student's functioning in major life activities and the degree to which it impacts the individual in learning:

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

4. List current medication and dosages and include the impact of medication on the student's ability to meet the demands of the postsecondary environment:

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

Additional Information/Comments:

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

Signature of Medical Professional: ____________________________ Date: _______________

Please PRINT name of professional and credentials: _______________________________________

Address: ___________________________________________________________________________

Phone: _______________________________

NOTE: Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated.