

DISABILITY SERVICES OFFICE DOCUMENTATION GUIDELINES AND CERTIFICATE OF PROFESSIONAL AUTHORITY

The Disability Services Office (DSO) requires documentation of a disability from a qualified evaluator. The DSO evaluates requests for accommodations on a case-by-case basis. The Association on Higher Education and Disabilities (AHEAD)¹ has identified seven essential elements of disability documentation:

1. The credentials of the evaluator(s)

Documentation should be provided by a licensed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated.

2. A diagnostic statement identifying the disability

Documentation should include a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and describes the typical progression or prognosis of the condition.

3. A description of the diagnostic methodology used

Documentation should include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

4. A description of the current functional limitations

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. Relatively recent documentation is recommended in most circumstances.

5. A description of the expected progression or stability of the disability

¹ Association on Higher Education and Disability (AHEAD). AHEAD best practices disability documentation in higher education. http://www.ahead.org/resources/bestpracticeselements.htm

Documentation should provide information on expected changes in the functional impact of the disability over time and context.

6. A description of current and past accommodations, services and/or medications

Documentation should include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability.

7. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. Recommended accommodations and strategies should be logically related to functional limitations.



DISABILITY SERVICES OFFICE CERTIFICATE OF PROFESSIONAL AUTHORITY

	CERTIFICATE OF PROFESSIONAL AUTHORITY
1.	Please list the student's name, date of birth, and social security number.
2.	Please list your name, address, telephone number, fax number, and professional qualifications (a recent copy of your curriculum vitae must be attached).
3.	Please list the dates on which the student was evaluated.

4.	Please provide a complete ICD-9 diagnosis of the physical impairment or the complete multiaxial
	DSM-IV-TR diagnosis of the student's mental impairment.

5. Please describe the nature and severity of the student's disability.

6. Please provide a list of tests and/or clinical and assessment procedures used to establish the student's impairment and severity of the impairment. Please attach a copy of all pertinent records, including results of laboratory studies, diagnostic tests, and clinical procedures. In the case of psychological and psychoeducational testing, please attach all raw data and psychological reports.

7. If applicable, please provide a list of current medications, including dosage, frequency, and side effects.

Signature:	 · · · · · · · · · · · · · · · · · · ·	Date:
Print Name and Title:	 	

8. Please list the recommended accommodations for the student. In your recommendation, please

describe how the accommodations relate to the student's functional limitations.