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Documentation Guidelines for Food-Related Disabilities

In order for Student Access and Accommodation (SAA) to evaluate requests for accommodations and/ or auxiliary aids and to determine eligibility for services, appropriate disability related documentation is needed. The documentation submitted should include an evaluation by an appropriately licensed professional and should demonstrate the current impact of the disability as it relates to the accommodations requested. The documentation should also include a description of any and all relevant functional limitations.

Food-related disabilities due to a diagnosed physical/systemic illness or injury are considered to be in the medical domain and require the expertise of a medical physician, dietician or nutritionist for diagnosis and ongoing treatment. The diagnosing professional should be a medical specialist with training, clinical experience and expertise in the area for which accommodations are being requested (i.e. allergist, endocrinologist, gastroenterologist, immunologist, internal medicine specialist). Additionally, the medical specialist must be an impartial individual not related to the student or parents nor in a business partnership with the student or parents. Typically, documentation is considered current within the last 6-12 months.

# Comprehensive documentation includes, but is not limited to, the following information.

1. **Diagnosis**—Clearly state the diagnosis and provide the following information: When was the original diagnosis made? When was the student first treated how long have they been under your care? Does the student have regularly scheduled appointments? If so, how frequency and provide the most recent and next appointment date. Has the student been referred to another medical specialist for treatment of the disability?
2. **Assessment & Treatment**—Explain/summarize the evaluation and assessment procedures used to make the differential diagnosis, including detailed evaluation results. Describe on-going medical treatment: for example, antigen/immunotherapy injections, or prescription medications for a severe food allergy-related disability. Include duration and frequency of treatment. Does the patient self-administer the injections?
3. **Symptoms**—Please describe present symptoms that meet the criteria for the differential diagnosis. Include all relevant body systems: cardiovascular; cutaneous; lower gastrointestinal; upper gastrointestinal to include oral, pharyngeal, laryngeal, esophageal phases; ocular; lower respiratory; upper respiratory; other body systems as applicable.
4. **Treatment**—**Medication**—Please include medication information relating to the student’s needs, including the impact of medication side effects on the student’s ability to meet the demands of the postsecondary environment.
5. **Co-existing conditions**—When appropriate, include a statement of whether (1) a co-existing physical/systemic illness or injury, (2) a specific learning disability, (3) a mental health disability, or (4) another disabling condition, requires an additional assessment by an appropriate specialist. Please indicate if you have referred the student for evaluation by another specialist.
6. **Significant Functional Limitation and Accommodations**: Documentation must substantiate that the diagnosis

significantly limits the student’s ability to participate in the environment relevant to the accommodation need and rises to the level of a disability. Functional limitations and impact should be provided for each environment that accommodations are needed (housing, dietary, academic). The degree (mild, moderate, or severe) to which the food- related disability impacts the individual needs to be documented.