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Documentation Guidelines for Physical, Mobility and Systemic 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.

A physical disability is a substantial and long-term condition affecting a part of a person's body that impairs and limits their physical functioning, mobility, stamina or dexterity. Physical disabilities can be caused by either hereditary, congenital or acquired reasons. There is a vast number of physical disabilities, each affecting people differently. Examples of physical, mobility or systemic illnesses or injuries that may rise to the level of a substantially limiting disability may include, but are not limited to, illnesses such as Diabetes, cancer, lupus, rheumatoid arthritis, Crohn's disease, Multiple Sclerosis, Muscular Dystrophy, Lyme disease, ulcerative colitis, migraines, amputation, epilepsy, seizures, Tourette's syndrome, postural orthostatic tachycardia syndrome (POTS), and paralysis. Generally, Student Access and Accommodation does not accommodate minor injuries, transitory illness, and conditions not expected to last six months or more; however, all requests are considered on a case-by-case, especially in situations where long-term therapy and follow-up care are required.

A Qualified Professional Must Complete the Documentation

The student's disability information should be provided in a typewritten report, signed by the evaluator, and on professional letterhead bearing the name, license number and professional credential(s) of the evaluator. The diagnosing professional should be a medical specialist with 1) comprehensive training and relevant experience and expertise in the area of disability and 2) appropriate licensure/certification in the area for which accommodations are being requested. Examples include professionals such as an endocrinologist, gastroenterologist, immunologist, neurologist, internal medicine specialist, or other medical specialist.

Documentation Must Be Current

Typically, documentation within the last 6 months to 12 months is considered current. However, this time frame may vary based on the nature of the disability. Although some medical disorders are chronic or permanent diagnoses, documentation must be provided that addresses the individual's current level of functioning. Accommodations are based on current functional limitations and not on diagnosis alone. Medications and other treatments/therapies may change the impact of the disorder on the individual and may necessitate additional consideration.

History of Accommodation

A high school plan such as an Individualized Education Program (IEP) or a 504 plan, or history of accommodations provided on the ACT or SAT is insufficient documentation in and of itself. However, **in addition to** current comprehensive documentation, it can be helpful in determining reasonable accommodations and services. SAA

recommends providing this information when available. **A prior history of accommodations without demonstration of a current need does not in itself warrant the provision of like accommodations.**

Documentation guidelines for physical, mobility and systemic disabilities should include, but is not limited to the following:

A clearly stated diagnosis must be given and the following questions answered:

- When was the original diagnosis made? When did you first treat this student?
- How long has the student been under your care as the treating medical specialist?
- When was the student's most recent appointment with you? When is the next scheduled appointment?
- Does the student have regularly scheduled appointments with you? How frequently?
- Have you referred the student to another medical specialist for treatment of the disability? For pediatricians, has a referral been made to an adult specialist?
- What is the current functional impact of the disorder in the academic, dietary and/or residential setting?
- What are the specific objective measures used to help substantiate the diagnosis?
- What are the symptoms that meet the criteria for the diagnosis?
- What relevant information regarding current treatment for this condition, and/or any other concurrent conditions, and the degree of impact is there relating to the student's academic, dietary and/or residential setting?
- Is there any relevant information regarding medications and the degree of impact on functioning in the academic, dietary and/or residential setting?

Significant Functional Limitations

- Based on the most current medical diagnosis, the documentation must substantiate that the disability **significantly limits** one or more major life activity.
- Accommodations are determined based on the nexus between each requested accommodation and the student's current functional limitations that are relevant and appropriate to the academic setting or the university residential life setting.

Comprehensive Information and Support of the Diagnosis

- Evidence that alternative etiologies or explanations have been considered in a differential diagnosis and ruled in or out as appropriate. Such alternative explanations may include substance abuse; medication effects; psychiatric, learning, and attention disorders; and motivational factors affecting performance/functioning.
- When applicable, medical professionals are encouraged to submit any prior assessments and/or evaluative reports together with the current documentation.

Please note: Multiple diagnoses may require additional documentation.

When physical disabilities or chronic health/systemic illnesses, injuries, or medical conditions occur in combination with food-related disabilities, ADHD, mental health diagnoses, and sensory, processing, communication or specific learning disabilities, documentation about these additional diagnoses should be included as outlined by the Student Access and Accommodated posted documentation guidelines.