

## Guidelines for Documentation Physical Disability

### **I. A qualified professional must conduct the evaluation.**

- Name, title, signature, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
- Evaluators must have training in, and experience with, the diagnosis of like or similar conditions in adults.
- Appropriate professionals are usually licensed physicians, often with specialty training. Optometrists are appropriate for visual conditions addressed in their training. Allied health professionals (such as audiologists, neuropsychologists, or physical therapists) may be considered appropriate as well, often as part of a team.
- Evaluations performed by members of the student's family are not acceptable.
- All reports must be signed by the evaluator, and must include a completed Office of Accessibility form, as well as any additional information typed on letterhead.

### **II. Documentation must be current.**

- Initial documentation must be based on evaluations performed within the last 2 years.
- If a report is older than 2 years, and the student has remained in clinical contact with his or her evaluator, that professional may supplement the original report with a letter (on letterhead) describing any and all changes since the previous report or stating that no changes have occurred since the previous report. [The supplement would be in lieu of another complete report.]
- All documentation (including any supplements), must describe the current impact of the diagnosed impairment(s).
- All documentation must describe any currently mitigating factors, such as medication or other treatment.
- All recommendations must be currently appropriate to a college academic environment.

### **III. Documentation must be comprehensive and include:**

- The student's history.
- Both description and evidence of impairment.
- A brief description of any current treatment plan.
- A specific diagnosis, or more than one, if applicable.
- An indication that ICD 9 (or most current) criteria have been met for each condition (if applicable, DSM-5).
- A determination as to whether or not the diagnosed impairment(s) substantially limits the students learning in the academic environment.
- Recommendations for accommodations that are directly related to the functional limitations, including a rationale explaining why each recommendation for accommodation is appropriate, should be given.
- A supporting clinical summary.

## Documentation Verification Seizure Disorder

The Office of Accessibility at The University of Akron provides academic accommodations to students with diagnosed disabilities that reflect a **current substantial limitation to learning**. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current, **within 1 year**, and comprehensive documentation of the impairment from a current treatment/assessment professional that is legally qualified to make the diagnosis. The Office of Accessibility has the right to request additional documentation in order to provide appropriate services.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. ICD 9 (or most current)/DSM-5 Diagnosis & Code: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Last contact with student: \_\_\_\_\_

Is the individual currently under your care? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are the individual's **seizures currently active**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, **how often do the seizures occur**? \_\_\_\_\_

\_\_\_\_\_

3. Please **describe the type and severity of the seizures** the individual experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. In your opinion, does any impairment listed above **substantially limit the student's learning in the academic environment**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify here: \_\_\_\_\_

\_\_\_\_\_

5. Does this student take any medication(s) or require any type of treatment that may **adversely affect academic performance or behavior**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please list and explain effect: \_\_\_\_\_

\_\_\_\_\_

6. Based on the current condition and compliance with treatment plan, what is the current prognosis for functioning effectively in school? \_\_\_\_\_

Poor      Good      Excellent      Unknown

If "unknown," please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List any **other treatment(s)** the student is receiving to manage his/her condition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Describe the individual's **symptoms and/or behaviors that occur prior to and during a seizure**:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. What is the **approximate recovery period** for the individual after experiencing a seizure? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. List any **recommendations for accommodations** appropriate for this student in an academic setting. The accommodation must link to the functional limitation.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Please feel free to attach any additional information describing specific concerns you may have.

**NOTE:** Students with coexisting diagnoses of any other disability may need to provide the results of a comprehensive medical, educational or psychological assessment for that particular disability.

### Treatment/Assessment Professional Information

Printed Name and Title: \_\_\_\_\_

Licensing credential, number, and state: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Practice: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**My signature verifies that I am the treatment/assessment professional and that the contents are accurate.**

Please note: The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Accessibility must be able to rely on treatment professionals with the highest capacity for objectivity.

*The information provided is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).*

**Please return the completed form to the student.**

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