



WESTERN CONNECTICUT STATE UNIVERSITY

AccessAbility Services Disability Documentation Form

Alternate formats are available upon request.

Student Name: _____

Student ID: _____

Important: To be eligible for services you must have a documented disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and Amendment of 2009. A disability is defined as a physical or mental impairment that *substantially* limits one or more major life activities. Please note the following information:

- Any record provided to AccessAbility Services becomes part of the student’s “educational record” pursuant to the Family Educational Rights and Privacy Act (FERPA). Under the privacy protection and access provisions of FERPA, the student has the right to inspect his or her own educational records if requested.
- A learning disability diagnosis must be accompanied by a current, appropriate psycho-educational evaluation, including the diagnostic test scores.
- Visual or hearing loss documentation must include an acuity and/or audiology report that address the impact of the disability, as well as information about the specific assistive technology used by the student.
- Additional documentation may be required.

TO BE COMPLETED BY DIAGNOSTICIAN OR TREATING PROFESSIONAL

You are being asked to provide documentation of a disability for your client. Please fill out the form below and attach any additional supplemental documentation. Thank you in advance for your support and cooperation in this matter. Thorough completion of this form is necessary for AccessAbility Services to determine eligibility for accommodations. Insufficient information may result in ineligibility.

Practitioner Name/Title: _____ Date: _____

Address: _____

Phone #: _____ Fax: _____

License or Certification #: _____ State: _____

Specialty/qualification to make diagnosis: _____

Client Name: _____ Date of last appointment: _____

Disability Overview: To be eligible for services your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and Amendment of 2009. These laws define a person with a disability as one who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. “Major life activities” are functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one’s self, performing manual tasks, and functions including, but not limited to, the immune system, bladder, bowel, respiratory, circulatory and endocrine systems.

Nature of Disability (Formal Diagnosis – DSM-V or ICD diagnosis):

Include DSM-IVR including Axis I, Axis II, Axis III, Axis IV and Axis V or statement of diagnosis per the DSM-V (if applicable).

Date of Diagnosis & Expected Duration (*temporary, permanent, chronic, episodic/recurring*):

Rationale or methodology used to reach the diagnosis, as well as the symptoms that meet the criteria for the diagnosis:

Description of current impact and symptoms associated with the condition as it relates to Academics or Residential Living (housing accommodation requests):

Severity of Condition (Mild, Moderate, Severe):_____

List current medication(s), dosage frequency, and adverse side effects:

List therapies, frequency of treatments including recent or anticipated hospitalizations:

Substantial Functional Limitations to Major Life Activities

Definition: Client is restricted in comparison to the average person in the general population as to the conditions, manner, or duration under which activities can be performed.

Check all relevant functional limitations that are limited and explain how each limitation will specifically affect your client in the academic environment.

| Functional Limitation | Mild | Moderate | Substantial | Comments |
|--------------------------------------|-------------|-----------------|--------------------|-----------------|
| Caring for oneself | | | | |
| Performing manual tasks | | | | |
| Seeing | | | | |
| Hearing | | | | |
| Breathing | | | | |
| Sleeping | | | | |
| Eating | | | | |
| Standing | | | | |
| Lifting | | | | |
| Bending | | | | |
| Walking | | | | |
| Speaking | | | | |
| Learning | | | | |
| Reading | | | | |
| Concentrating | | | | |
| Thinking | | | | |
| Communicating | | | | |
| Memory | | | | |
| Working | | | | |
| Operation of a major bodily function | | | | |
| Other: | | | | |
| Other: | | | | |

Suggested Reasonable Accommodations

Each recommendation must be supported by the diagnosis. Please explain the rationale for each suggested accommodation relating it to a specific functional limitation. Please note: Suggestions will be taken into consideration but are not automatic.

| Accommodation | Rationale |
|----------------------|------------------|
| | |
| | |
| | |

Discussion of relevant background information including developmental, medical, psychosocial, family, academic, and employment concerns:

Please discuss the level of need for (or consequence of not receiving) the requested accommodations:

Additional Comments:

Signature of Specialist

Date

Please attach any supporting documentation: e.g., psycho-educational evaluations for learning disabilities, psychiatric evaluations, audiology reports, vision reports, neuro-psychological evaluations, etc. Return the completed form and supplemental documentation to:

AccessAbility Services
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Higgins Annex, Room 017
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Danbury, CT 06810
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