

Disability Documentation Form

Documentation should be provided by a licensed health care professional whose scope of practice permits the diagnosis of a qualifying disability and whose professional relationship with the student is sufficiently recent to reflect current impairment. The health care professional should be an independent evaluator, with no personal relationship to the student. The health care professional may include pertinent records that help convey the impact of the disability on the student in the university setting. The health care professional may provide the following information by completing the *Disability Documentation Form* or by preparing a letter that conveys equivalent information.

Student name:

Student birthdate:

1. Health Care Professional Information

- a. Describe the nature of the professional relationship with the student (e.g., treating physician, psychologist, clinical counselor, independent expert evaluator, etc.).

- b. List the date of the most recent examination.

2. Explain the student's physical or mental impairment(s) that substantially limits at least one major life activity or major bodily function (condition, diagnosis, etc.).

- a. What is the condition or diagnosis?

- b. What sources or instruments were used to evaluate and obtain information to verify the condition or diagnosis?
diagnosis?

- c. When was the date of onset of the condition or date of diagnosis?

4. Recommended Accommodations

- a. Describe any current or past accommodations/ support services the student has received, including their effectiveness. (While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions).

- b. List any recommendations for accommodations/ support services.

- c. Explain the logical relationship between the student's functional limitations and the recommended accommodations/ support services

Be sure to include any pertinent records that may assist Accessibility Services in identifying and implementing appropriate accommodations.

Healthcare professional information:

First and last name:

Professional specialization and type of license:

License Number:

Mailing address:

Phone Number:

Email Address:

Fax Number:

Signature:

Please send this form by:

Mail: Accessibility Services, Capital University, 1 College and Main, Columbus, OH 43209-2394,

Email: accessibilityservices@capital.edu

Fax: 614-236-6971