



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 or stating that no changes have occurred since the previous report [The above report should be in lieu of another complete report.]
Documentation (including any supplements), must describe the current impact of the diagnosed

Documentation Verification Physical Disability

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 last 2 years**, 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. What clinical instrument, tests/assessments, diagnostic procedures were used to make this diagnosis (i.e., audiogram, functional capacity evaluations, diagnostic test results, etc)? Instruments used must be age appropriate and utilize adult norms, unless inapplicable. Please attach relevant test results.

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

If yes, specify here: _____

4. Describe the **student's prognosis** for this condition: _____

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: