



## 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 is appropriate t

### 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.
- A determination as to whether or not the diagnosed impairment is a barrier to participation in the academic environment.

## 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**

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.  
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\_\_\_\_\_  
\_\_\_\_\_

\*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.