

Documentation Guidelines Pervasive Developmental Disorders / Asperger's Disorder

Students requesting support services through the **ACCESS Office** at Collin College are required to submit documentation, **after admission to Collin College**, to verify eligibility under the Americans with Disabilities Act of 1990, ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973. Academic accommodations are provided by **ACCESS** to ensure **equal access** to activities and programs at Collin College.

Current documentation must validate the need for services based on an **individual's present level of functioning**. For a student to qualify for services through the Americans with Disabilities Act, ADA Amendments Act of 2008, or Section 504 of the Rehabilitation Act, **a disability must substantially limit a major life function (learning)**. Therefore, a complete report with an interpretive summary based on a comprehensive evaluation is a necessary component of the documentation. **ACCESS** will determine if reasonable and appropriate academic accommodations are warranted and can be provided to the individual.

Pervasive Developmental Disorders/Asperger's Pervasive developmental disorders are characterized by severe and pervasive impairment in several areas of development including reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities. Several different disorders fall within this category including Asperger's Disorder and Autistic Disorder. These guidelines will assist you in working with your qualified medical professional to prepare documentation for **ACCESS** to determine your eligibility for requested academic accommodations. The documentation must include:

- The evaluation **must be typed on letterhead**, dated, and signed. It must also include the place of employment, address, and phone number of the evaluator(s). It must include the name, title, and professional credentials of the evaluator including information about license or certification and area(s) of specialization.
- **The evaluator must be impartial and not related to the person being evaluated**
- The evaluation must be conducted by a qualified professional with comprehensive training and relevant experience in the diagnosis of Asperger's and Other Developmental Disorders including direct experience working with an adult population.
- The documentation must include an evaluation by an appropriately licensed professional documenting **current impact** of the disability as it relates to the accommodation(s) requested and include a description of any and all functional limitations.

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Documentation validates functional **limitations**, which allows consideration for academic accommodation requests. Each request will be evaluated on a case-by-case basis. Documentation should include but is not limited to: history of impaired communication, social and academic functioning. Because Asperger's Disorders often manifest during childhood (though not always diagnosed), **historical information** regarding the individual's communication, social and academic history in elementary, secondary, and post-secondary education, should be documented and provided. (Note: Self/parent-report alone, without accompanying historical documents validating communication/social/academic problems are generally not sufficient to establish substantial limitations in a major life activity.) Relevant academic data includes previous evaluations, academic history, approved academic accommodations, etc.

- A detailed description of the student's **current** a) communication/language skills, b) ability to interact socially, c) restricted, repetitive and/or stereotyped patterns of behavior, activities and sensory functioning, d) sensitivity to environmental conditions, e) motor planning, etc. Evidence to support these statements may include results of aptitude and achievement testing, standardized tests of language skills and standardized scales of symptoms related to autism as well as clinical observations including level of severity.
- If applicable, relevant information regarding current treatment and prognosis.
- Relevant medical information relating to the student's Asperger's Disorder including a description of the impact prescribed medications or medication side effects have on the student's ability to meet the demands of the post-secondary environment.
- A specific diagnosis based on the DSM IV-TR diagnostic criteria. The evaluator must use definitive language in the diagnosis of Asperger's Disorder or Other Pervasive Developmental Disorders.
- The evaluator must describe the current degree of impact on specific major life activity from the diagnosed Asperger's Disorder or Other Pervasive Development Disorder has from major life activity as well as its impact in a post-secondary setting.
- Suggestions of reasonable accommodation(s) which may be appropriate at the post-secondary level. These recommendations must be supported by the diagnosis and supported by the instrument results outlined in the evaluative report.
- Psychological or medical professional may complete **Documentation Guidelines for Pervasive Developmental Disorder/ Asperger's Form** to assist in providing information requested above. ***This form can be used to accompany or supplement medical, educational and psychological evaluations/reports. Please type or print.***

Information in this document adapted from University of Texas at Arlington ODA, with permission.

Documentation received will be reviewed by a committee and the student will be notified of the decision regarding eligibility. Documentation is reviewed weekly; however, during peak times, we request at least two to three weeks to notify student of the decision regarding eligibility. Providing documentation does not automatically qualify an individual for academic accommodations.

ACCESS Office Collin College 2800 E. Spring Creek Parkway Plano, TX 75074
972-881-5898 (phone) / 972-881-5896 (fax)

EFFECTIVE 8/25/11

**Documentation Guidelines
Pervasive Developmental Disorders / Asperger's Disorder Form**

I, _____, request that _____ complete and submit the document below to **Collin College's ACCESS Office** to assist them in determining my eligibility for academic accommodations. I consent to the release of this information and any pertinent educational, psychological, and medical evaluations/records to Collin College. I understand that I can revoke this Consent by giving written notice of revocation.

Student Name (Print) Student Signature Date DOB

If under 18 years of age, a parent must also sign this request. _____
Parent Signature

(PLEASE TYPE OR PRINT) Per DSM-IV-TR, please complete information below and include DSM-IV- TR code(s):

Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V (GAF score)	
Date of diagnosis	
First date client seen	
Last date client seen	

- Interview with the student _____
- Interviews also with: _____
- Behavioral observations: _____
- Developmental History: _____
- Medical History: _____
- Educational History: _____
- Psycho-educational testing – consisting of _____
- Standardized or non-standardized rating scales used and dates _____
- Other (please specify): _____

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Student Name: _____ **Primary Diagnosis:** _____

Please list current medication(s) patient is taking for this condition and how these medications might impact the patient (possible side effects) in an educational setting.

Medication(s)	Dosage	Effect on academic functioning

Please provide specific and current functional limitations and the level of severity for this individual in an educational setting.

Major Life Activity- Learning	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Focusing					
Sustaining focus					
Concentration					
Retention of new information					
Understanding and following directions					
Organizing information, tasks, and materials					
Managing internal distractions					
Managing external distractions					
Managing to sit for long periods of time					
Submitting materials and assignments in timely manner					
Handling Stress (Management)					
Reading					
Writing					
Math					
Other:					

**Documentation Guidelines
Pervasive Developmental Disorders / Asperger's Disorder Form**

Student Name (print)

Primary Diagnosis

******Please attach any pertinent educational, psychological, or medical evaluations/records you have completed on this student.***

The evaluator must be impartial and not related to the person being evaluated

Certifying Professional Information:

Date: _____

Professional's Name (print)

Signature

Professional's Title (print)

License Number

Street Address

Phone Number

City, State, Zip

Fax Number

Checklist adapted from Dr. Aaron Cohen and University of North Texas ODA

Please mail or fax completed form with supporting documents to address below:

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