Documentation Guidelines
Physical Disabilities

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 provided by ACCESS ensure equal access to educational activities and programs at Collin College.

Current documentation must validate the need for services based on an individual’s present level of functioning. In order for a person to qualify under 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 well-written report with an interpretive summary based on a comprehensive evaluation is a necessary component of documentation. ACCESS will determine if reasonable and appropriate academic accommodations are warranted and can be provided for an individual.

Physical disabilities encompass a broad range of medical conditions and may include difficulty with physical mobility, dexterity, or chronic health problems. Students may have one or more physical conditions for which they are being treated and these may be temporary, chronic, or progressive in nature. Students requesting support services through ACCESS are required to submit current documentation of their disability, which must affect a major life function in order to qualify for services.

These guidelines will assist you in working with your medical professional to prepare information needed for ACCESS to determine your eligibility for requested academic accommodations. The documentation must include:

1. An evaluation and diagnosis made by a medical doctor or appropriate specialist licensed in the specific field of disability. The evaluator’s name, title, and professional credentials and affiliations should be provided. Include information about licensure, area of specialization, and the professional address and phone number of the physician must be included. The evaluator must be impartial and not related to the person being evaluated.

2. Documentation from the attending physician must be typed on letterhead

3. The documentation must include the following, but not limited to:
   - Specific medical diagnosis for the disabling condition(s)
   - Brief medical history related to the diagnosis
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• Indication of the status of the disability:
  Is the disability stable, chronic, progressive, fluctuating?
  Is the disability temporary or permanent?

• Statement regarding severity of the disability (mild, moderate, severe)

• Assessment and information regarding the specific academic functions affected
  by the disability (e.g., ability to concentrate, ability to attend class regularly, ability to
  write, ability to sit for long periods of time)

• Recommendations for academic accommodations based on specific
  features/symptoms of the disability, for example: special seating, adaptive
  technology/equipment, etc. Recommendations must include rationale

4. The diagnosis must be current - within the past three years. However, the
   documented age is dependent on the nature/stability of the disability. It should accurately
   reflect how the disability impacts the student in a college setting (functional
   limitations)

5. Documentation must reflect the current symptoms/features and level of functioning
   (functional limitations); if the documentation does not, students may be required to
   submit updated or additional information and/or documentation.

6. Based on the nature/stability of the disability, students may be required to provide updated
   information each semester/school year.

7. Medical professional may complete the Documentation Guidelines for Physical
   Disability form to assist in providing requested information. This form can be used to
   accompany or supplement medical reports. Please type or print.

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.
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Physical Disabilities 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 other pertinent medical evaluations/records to Collin College. I understand that I can revoke this Consent by giving written notice of revocation.

<table>
<thead>
<tr>
<th>Student Name (print)</th>
<th>Student Signature</th>
<th>Date</th>
<th>DOB</th>
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</thead>
</table>

If under 18 years of age, a parent must also sign this request. ___________________________________ ____________________________________________

Parent Signature | Date

Dear Medical Professional,
The above mentioned student has applied for academic accommodations with Collin College. In order to determine if this student will qualify, we need your medical / clinical assessment of this student. We are requesting the necessary information to determine if this student’s medical condition substantially limits one or more major life activities, including learning. Please print or type.

1) Please list student’s diagnoses and medical condition with ICD 10 diagnostic code.

2) Date of initial diagnosis: ____________________________

3) Is the patient currently under your care? Yes / No Date last seen: _______

4) List of medication(s) and/or treatment student is receiving for this condition:

5) Please list any possible side effects of the medications or treatment that might impact the student in an educational setting.

6) Medical condition is: acute / permanent
   If acute, anticipated date of full recovery: ____________________________

7) Medical condition is: stable / progressive
Documentation Guidelines
Physical Disabilities Form

Student’s Name: _________________________    Primary Diagnosis: _____________________

Please indicate below which major life activities are CURRENTLY affected (in an educational setting) because of the medical condition and indicate level of limitation.

<table>
<thead>
<tr>
<th>Major Life Activity In Learning Environment, as it relates to the medical condition you are treating</th>
<th>No Impact</th>
<th>Moderate Impact</th>
<th>Substantial Impact</th>
<th>Don’t Know</th>
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<td>Caring for oneself</td>
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<td>Other (please specify)</td>
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</table>
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Student: _________________________  Primary Diagnosis:_____________

Please list any additional functional limitations for this student in a post-secondary educational setting:

Please list recommendations for academic accommodations based on functional limitations you listed above:

***Please indicate any medical issues or procedures that need to be in place in the event student has an episode in class. Collin’s current procedure is to call 911 for EMT. Collin does not have designated medical personnel / office. If this is not advised, please explain recommended procedure for student in the event of a medical emergency.

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

Certifying Medical Professional:

__________________________      ________________________
Date  Medical Professional’s Name (print) / Title  Medical Professional’s Signature

_______________________________________________  _______________________
Mailing Address        Phone

_______________________________________________  _______________________
City, State, Zip         Fax

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

ACCESS Office Collin College 2800 E. Spring Creek Parkway Plano, TX  75074
972-881-5898 (phone) / 972-881-5896 (fax)
EFFECTIVE 8/25/11