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. The following guidelines are provided to ensure the documentation is valid and supports the request for accommodations.

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 or Section 504 of the Rehabilitation Act, a disability must substantially limit a major life function (learning). Therefore, documentation must provide details of the diagnosis, the functional limitations and the levels of severity. ACCESS will determine if reasonable and appropriate academic accommodations are warranted and can be provided to the individual.

The terms “Traumatic Brain Injury,” “Brain Injury” and ”Head Injury” encompass a broad range of medical conditions involving the head. Students requesting support services through ACCESS are required to submit current documentation for their medical condition to qualify for services.

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:

1. **For cognitive disorders**, an evaluation must be completed by a qualified licensed professional, who has undergone comprehensive training, including relevant experience in the full range of psychological and neuropsychological testing.
   a. A complete assessment of cognitive ability must include both verbal and nonverbal ability. All subscale/subtest scores should be listed. The documentation must include assessment of information/cognitive processing strengths, weaknesses, deficits. (i.e. long/short term; auditory and visual perception/processing; fine motor/dexterity; speed/accuracy; attention).
   b. Administration of a comprehensive achievement battery measuring current levels of performance in areas related to academic achievement.
   c. The evaluation must have been completed **within the last three years**. If the evaluation is more than three years, the student must submit a letter from the qualified professional stating current diagnosis, **current level of functioning**, and rationale for the requested accommodations.
2. For physical disabilities, an evaluation and diagnosis must be completed by a medical doctor, or appropriate specialist licensed in the specific field of disability.

a. The documentation must include the following, but not limited to:

- Specific medical diagnosis for the disabling condition(s)
- 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

a. Documentation must have been completed within the last three years. If the documentation is more than three years, the student may be required to submit a letter from the qualified professional stating the current symptoms and functional limitations.

b. All documentation must be typed on letterhead of the qualified professional or team, along with date of report.

Psychological or medical professionals may complete the Documentation Guidelines for Traumatic Brain Injury / Head Injury to assist in providing requested information. This form can be used to accompany or supplement medical and psychological reports. Please type or print.

Information for these guidelines is derived from a variety of sources, including the Association of Higher Education and Disability (AHEAD) and the Educational Testing Service. Both organizations have developed comprehensive documentation guidelines for use by postsecondary institutions. Checklist adapted from Dr. Aaron Cohen and the University of North Texas ODA Office.

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.
Documentation Guidelines
Traumatic Brain Injury/Head Injury 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 other pertinent psychological and medical evaluations/records to Collin College. I understand that I can revoke this Consent by giving written notice of revocation.

Student’s Name (Print)     Student’s Signature                  Date                 DOB

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

Parent’s Signature                  Date

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. Medical condition is:   acute / permanent

5. If acute, anticipated date of full recovery: ___________________________

6. Medical condition is:  stable / progressive

7. How long do you anticipate the student’s academic achievement may be impacted by this disability?
   _____Six Months    _____ One Year    _____ More Than One Year

Please indicate all information considered when making this diagnosis:

 o Interviews with: _________________________________________________________________

 o Behavioral observations: _________________________________________________________

 o Developmental History: _________________________________________________________

 o Medical History: ________________________________________________________________

 o Educational History: ____________________________________________________________

 o Neuropsychological testing consisting of standardized or non-standardized rating scales used and dates:

   _______________________________________________________________________________

 o Other (please specify): ____________________________________________________________

ACCESS Office Collin College 2800 E. Spring Creek Parkway Plano, TX 75074
972-881-5898 (phone) / 972-881-5896 (fax)
EFFECTIVE 10/26/15
Documentation Guidelines
Traumatic Brain Injury/Head Injury Form

Student: ________________________ Primary Diagnosis: __________________

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

<table>
<thead>
<tr>
<th>Medication(s)</th>
<th>Dosage</th>
<th>Effect on academic functioning</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Major Life Activity-</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td></td>
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<tr>
<td>Focusing</td>
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<tr>
<td>Sustaining focus</td>
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<tr>
<td>Concentration</td>
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<tr>
<td>Retaining new info</td>
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<tr>
<td>Understanding</td>
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<tr>
<td>Organizing</td>
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<tr>
<td>Managing internal</td>
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<tr>
<td>Managing external</td>
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<tr>
<td>Managing to sit</td>
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<tr>
<td>Submitting</td>
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<td>Handling Stress</td>
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<tr>
<td>Managing behavior</td>
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<tr>
<td>Containing</td>
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<tr>
<td>Interacting</td>
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<tr>
<td>Attending classes</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Major Life Activity-</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
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<tr>
<td>Seeing</td>
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<td>Writing</td>
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<td>Hearing</td>
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<tr>
<td>Walking</td>
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<tr>
<td>Reaching</td>
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<tr>
<td>Sleeping</td>
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<tr>
<td>Caring for oneself</td>
<td></td>
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</tbody>
</table>
Documentation Guidelines
Traumatic Brain Injury/Head Injury Form

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 attach any pertinent neuropsychological evaluations you have completed.

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

Certifying Medical Professional: ______________________________  Date Completed: ________________

_____________________________________________ _________________________________
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 Office*

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

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