



Documentation Guidelines Traumatic Brain Injury/Head Injury

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**

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.

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					
Retaining new information (memory)					
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)					
Managing suspicious behavior that may impact focus					
Containing emotions and behaviors					
Interacting with small groups					
Interacting with large groups					
Attending classes on campus					
Major Life Activity- Other	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Seeing - Reading					
Writing - Typing					
Hearing					
Walking - Standing					
Reaching - Lifting					
Sleeping					
Caring for oneself					



**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:

*ACCESS Office Collin College 2800 E. Spring Creek Parkway Plano, TX 75074
972-881-5898 (phone) / 972-881-5896 (fax)
EFFECTIVE 10/26/15*