



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.



Documentation Guidelines
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.

Student Name (print) Student Signature Date DOB

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



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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.

Major Life Activity In Learning Environment, <u>as it relates to the medical condition you are treating</u>	No Impact	Moderate Impact	Substantial Impact	Don't Know
Sitting				
Standing				
Walking				
Climbing				
Reaching				
Lifting				
Breathing				
Speaking				
Hearing				
Seeing				
Writing				
Typing				
Sleeping				
Memorizing				
Reading				
Caring for oneself				
Other (please specify)				



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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