

Documentation Guidelines Brain Injury/Neurological Disorders

Collin College follows the Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008 (ADAAA), and Section 504 of the Rehabilitation Act of 1973 in developing accommodations with students. Academic accommodations by the ACCESS Office are there to ensure **equal access** to educational activities and programs at Collin College.

Third party documentation will be considered as part of an interactive and individualized process that allows the ACCESS Office to determine eligibility and understand how a student's disability substantially limits one or more major life activity. Reasonable accommodations are recommended based on an understanding of the student's needs, functional limitations, and proposed academic adjustments.

Students are encouraged to upload any third-party documentation when they complete the Student Disclosure and Accommodations Request Form. However, having this documentation on file is *not* a requirement to schedule a meeting.

If you do not have documentation supporting a diagnosed disability, the attached form can be completed by an Educational Diagnostician, Medical Professional, Psychologist, and/or School Psychologist, Speech or Language Therapist, Psychiatrist, Licensed Professional Counselor, etc. to support a diagnosed disability.

The term "Brain Injury" encompasses a broad range of medical conditions associated with injury to the brain that occurs after birth due to a variety of internal or external causes, and that affects cognitive functioning. Trauma, stroke, and tumors are among the most common. Neurological disorders include seizure disorders, and degenerative conditions such as Parkinson's disease.

The purpose of this documentation is to understand functional limitations, which support the request for disability accommodations in an academic setting. In providing documentation for individuals with these types of disorders, the following guidelines should be considered:

- Neuropsychological evaluation reports are the most relevant documents in defining disabilities in this
 category as they typically address many areas associated with learning including attention and
 concentration, learning and memory, language, information processing, visual spatial and visual motor
 skills; and executive functioning and mood. Evaluations must address these areas in order to be
 acceptable.
- The report must be on official letterhead, dated, and signed and must be current. A letter signed by a
 qualified professional stating <u>current</u> functional limitations and how they relate to the
 accommodations being requested will be needed.



- A specific diagnosis for the disabling condition, its level of severity and a prognosis indicating whether
 the condition is stable or progressive in nature; and a description of any known triggers for potential
 exacerbation of the condition, specifically in a higher education setting.
- Recommendations for academic accommodations based on the impact of the disability, such as assistive technology or adaptive equipment.

Please note that providing documentation does not automatically guarantee that accommodations will be provided. The ACCESS office will determine if reasonable and appropriate academic accommodations are warranted and can be provided to the individual based on the documentation. Each request will be evaluated on a case-by-case basis.

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I,	, request that		complete
and submit the document below to Coll	in College's ACCESS Office	e to assist them in dete	ermining my eligibility
for academic accommodations. I conse	nt to the release of this in	formation and other p	ertinent psychological
and medical evaluations/records to Coll	in College. I understand t	hat I can revoke this Co	onsent by giving
written notice of revocation.			
Student's Signature	Date	DOB	
If under 18 years of age, a parent must (also sign this request		
	I	Parent's Signature	Date
Please list this patient's primary diagnos	sis:		
Date of initial diagnosis:			
Medical condition is: Acute Ch	ronic Condition	n is Stable Pro	gressive
Is this patient currently under your care	: Yes No	Date last seen:	
How long do you anticipate the patient'	s academic functioning w	ill be affected by this co	ondition?
Six Months	One Ye	ear	_ Indefinite



Please provide any addition	information pertaining to this individual's diagnosis including any in	formation
you feel will assist ACCESS i	determining the appropriate academic accommodations or services f	for this
individual:		
	Documentation Guidelines Brain Injury/Neurological Disorders	
	Brain injary, recarding car bisoracts	
Student:		

Please indicate the level of the impact the disabling condition has for this individual in the following areas in an educational setting:

Major Life Activity-	No	Mild	Moderate	Severe	
Learning	Impact	Impact	Impact	Impact	Unknown
General intellectual functioning					
Attention					
Concentration/Sustaining focus					
Acquiring new information (learning)					
Retaining information (memory)					
Information processing					
Visual spatial skills					
Visual motor skills					
Organizing information, tasks, and materials					
Managing internal distractions					
Managing external distractions					
Language (receptive and expressive)					
Planning, initiating, and self-directing					
Executive functioning (impulsivity/inhibition, etc)					
Managing stressful situations					
Emotional lability					



Address	Pho	ense Number Phone Number	
Professional's Title (print)	License Nu		
Professional's Name (print)	Signature	Date	
above:			
Please list any recommendations for academic acco	ommodations based on functional I	imitations you listed	
Please list any additional functional limitations for t	this student in a post-secondary ed	lucational setting:	

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