



## Documentation of Disability

### Guidelines for Submitting Documentation

We welcome many forms of relevant documentation for information when working with a student to determine an appropriate accommodation plan. When meeting with a student for intake, we ask questions to better understand the student's experiences, challenges, and successes. Documentation provides more information to tailor the plan to the student's needs.

#### **For students...**

You can forward this document to your provider(s) who have relevant qualifications and experience to speak to the conditions that contribute to your disability and need for accommodations.

Examples of qualified providers include, **but are not limited to**:

- Medical doctors
- Psychiatrists or therapists
- Educational psychologists

#### **For providers...**

Please complete this form by providing the information we need to make an educated and relevant accommodation plan for the student. This document asks for information related to:

- The current disability or disabilities and the history of diagnosis, including how the diagnosis was determined.
- What major life activities are limited by the disability.
- A summary of the functional limitations of the disability, including symptoms the student experiences, treatments, and their impact on the student's education.
- Any recommendations or strategies that you believe would mitigate the impact of the disability in the higher education setting, including relevant history of accommodations.
- Your credentials that qualify you to assess and diagnose the student's condition(s).

#### **To submit...**

Once completed, the provider can submit via one of the following methods:

- Fax: 507-389-1199
- Email: [ar@mnsu.edu](mailto:ar@mnsu.edu)
- Mail: to the address listed at the top of this page.



## Documentation of Disability Form

Accessibility Resources' goal is to provide reasonable and effective accommodations for students with qualifying disabilities, to support equal access to their education.

Eligibility for accommodations is determined by the individual's qualifications as a person with a disability. A disability is a physical or mental impairment that substantially impairs or restricts one or more major life activities. Documentation must be current, generally less than three years old; however, we utilize common sense and discretion in accepting older documentation of conditions that are permanent or nonvarying.

This form must be completed by a professional with the credentials required to diagnose or treat the underlying condition. For clarification of this criteria, please call 507-389-2825, email [ar@mnsu.edu](mailto:ar@mnsu.edu), or visit us in our office at Memorial Library 132. Please complete the following information and return it to Accessibility Resources via the methods listed at the bottom of the cover page.

Please complete the following form to the best of your knowledge and expertise.

Student Name:\*

Tech ID:\*

Student Address:\*

Initial Diagnosis Date:\*

Most Recent Assessment Date:\*

Disability/Diagnosis:\*

Note: for clarity, please use formal terminology for the diagnosis, avoiding colloquial terms.

Please check the major life activities impacted by the above diagnosis:\*

Caring for oneself

Seeing

Learning

Performing manual tasks

Hearing

Reading

Walking

Breathing

Working

**Symptoms the student is currently experiencing:\***



**Description of any current treatment strategies:\***

**Summary of the functional limitations of the disability and their impact on the student's education:\***

**Suggested accommodations:**

Health providers can provide suggestions for reasonable accommodations appropriate at the post-secondary level of education. Such accommodations should be supported by the assessment results and by the diagnosis. These suggestions are non-binding and for informational purposes only. Accessibility Resources will evaluate recommendations on a case-by-case basis. Accommodations must be reasonable and cannot fundamentally alter the basic nature or essential elements of an institution's courses or programs.

**Information about the provider:\***

Name and Clinic:

Title/Credentials:

Phone Number:

Provider's Signature:

Date:

It is imperative that we can verify the authenticity of this documentation from the provider. Digital documents must be faxed with the clinic/provider cover sheet, emailed from an official account, or be stamped/printed on official letterhead.