



Accessibility Services Documentation Guidelines

In accordance with the Americans with Disabilities Act as Amended (ADAAA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities have certain protection and rights to accommodations in colleges and universities. These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. Accessibility Services in the Academic Resource Center (ARC) at Concordia University provides services and/or accommodation for students with disabilities intended to facilitate equal access to educational opportunities.

To determine eligibility for services and/or accommodations, the ARC utilizes an interactive, case-by-case approach. Students requesting accommodations are required to provide documentation that verifies a diagnosed disability/disorder according to the legal definition above. Appropriate documentation must:

1. Include the credentials of the licensed diagnosing professional(s) qualified to diagnose and treat the condition(s). *Documentation completed by diagnosing or treating professional(s) related to the student will not be accepted.
2. Be sufficiently recent to reflect current impact
3. Include a description of the diagnostic criteria and/or diagnostic test(s) used
4. Include any treatments, medications, assistive devices/services currently prescribed or being used
5. Clearly state how the disability/disorder functionally limits the student in an academic environment
6. Include any recommendations for specific accommodations and rationale for those recommendations

Please note, an Individual Education Plan (IEP), a 504 Plan, or a Summary of Performance, while helpful in establishing a record of supported accommodations, may not be enough in and of themselves to establish the presence of a disability at the postsecondary level. An IEP will be considered acceptable documentation if it includes full psycho-educational testing and results.

Confidentiality of the information provided is ensured and will not become a part of the student's academic record according to the guidelines of the Family Education Rights and Privacy Act (FERPA) of 1974. This information may be released to the student upon their written request.

This standard of documentation also applies to alternative housing accommodation requests due to physical or medical conditions.

It is the student's sole responsibility to provide recent, professional, medical documentation of his or her disability.

Concordia University Wisconsin-Ann Arbor Accessibility Services - Disability Documentation Form

The licensed health care professional may include pertinent records that help convey the impact of the disability on the student in the university setting. They may also provide relevant information by completing the Disability Documentation Form (below) or submit a letter in place of this form **ONLY** if it fulfills all required information listed on this form. Letters must be typed and submitted on professional letterhead, signed, dated, and include the provider's license number.

All parts of the disability documentation form should be completed as thoroughly as possible. Where appropriate, a summary and data from specific test results should be attached. If a comprehensive diagnostic report is available that provides the requested information, it can be submitted in lieu of the disability documentation form.

A learning disability assessment should include (a) a measure of cognitive aptitude and (b) a measure of achievement in reading, math and/or written language. Data should be based on age norms and reported as standard scores and percentiles.

Please complete and return this form, along with any supporting documentation regarding my condition, directly to:

Director of Academic Resources & Accessibility Services Concordia University Wisconsin - Ann Arbor
Email: christine.schultz@cuw.edu Phone: 262-243-4299 Fax: 262-243-2999

--TO BE COMPLETED BY STUDENT--

Student Name: _____ F00#: _____
Campus/Home Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ CUW Email: _____
Student Signature _____ Date _____

--TO BE COMPLETED BY LICENSED MEDICAL PROFESSIONAL--

DIAGNOSTIC INFORMATION

Please specify the specific diagnosis(es)/disability:

Date of Diagnosis: _____ Date of Last Contact: _____

How did you arrive at your diagnosis? Please check all relevant items below. If applicable, please attach the diagnostic reports and/or test results administered to determine diagnosis.

- ☐ Medical History: previous therapy, including medication history that is relevant to the current diagnosis.
- ☐ Behavioral Observations/Development History
- ☐ Academic history of elementary, secondary, tertiary education. Attach any supporting documentation, e.g. Individualized Education Plan (IEP), 504 Plan, Multi-Factored Evaluation (MFE), teacher reports, etc.
- ☐ Structured/unstructured student interviews
- ☐ Psychometric Instruments (please specify):

Date:

- ☐ Other (please specify):

MAJOR LIFE ACTIVITIES IMPACTED

Below is a checklist of the major life activities that could be impacted by the stated diagnosis. Please check all that apply.

**Major Life Activity	No or Negligible Impact	Moderate Impact	Severe Impact	N/A
Breathing				
Seeing				
Hearing				
Eating				
Sleeping				
Talking/Speaking				
Standing				
Sitting				
Walking				
Lifting				
Performing Manual Tasks				
Caring for Self				
Reading				
Writing				
Listening				
Thinking				
Learning				
Concentrating				
Memorizing				
Interacting with Others				
Social Interactions				
Managing Stress				
Managing Distractions				
Organizing				

Managing Deadlines				
Making/Keeping Appointments				

****For the major life activities checked, please explain the functional impact of the limitation in an academic setting.**

If applicable, please describe the relevant history of remediation (e.g., current medications, side effects of medications, other treatment plans and their effectiveness).

ACCOMMODATION RECOMMENDATIONS

If applicable, please state specific academic accommodation recommendations for this student and a rationale as to why the accommodation is necessary. Accommodations are NOT retro-active, they are applied at the time of approval and moving forward. (Please note, recommendations will be considered in the interactive process, however final decisions will be determined by the Accessibility Services staff.)

Accommodation Recommendations	Rationale

Please provide any additional information that you think would be useful to know in working with this student.

HEALTH CARE PROVIDER INFORMATION

I attest to the accuracy of the information contained in this document. Also, I understand that the information in this document will become part of the student's record subject to the Family Educational Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request.

Provider name (Print): _____

Provider Signature: _____ Date: _____

Title: _____

License or Certification #:

National Provider #:

Address:

City: _____ State: _____ Zip:

Phone:

Fax:

Please send this completed form and any additional information to:

Director of Academic Resources & Accessibility Services, Concordia University Wisconsin Email:
christine.schultz@cuw.edu Phone: 262-243-4299 Fax: 262-243-2999