

## **Documentation Guidelines for Student Accessibility Services**

Student Accessibility Services (SAS) is responsible for providing students with disabilities equal access to education. For SAS to fully evaluate requests for accommodations or auxiliary aids under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, students must provide adequate documentation to SAS.

The general guidelines listed below assist prospective students in working with the treating/diagnosing professional(s) to prepare the information needed to evaluate the request. Some documentation may be limited by date of diagnosis\*\*\*. If, after reading these guidelines, there are any questions, students can contact SAS for further assistance.

### **HEALTH CONDITION, MOBILITY, HEARING, SPEECH, OR VISUAL IMPAIRMENT**

A letter or report from treating physician, orthopedic specialist, audiologist, speech pathologist, or ophthalmologist (as appropriate), including:

1. Clearly stated diagnosis
2. Defined levels of functioning and any limitations
3. Suggest accommodations/modifications to equalize this student's educational opportunities at the post-secondary level

### **PSYCHOLOGICAL DISORDER**

A comprehensive report from a mental health professional (psychologist, neuropsychologist, licensed professional counselor, and licensed clinical social worker) including:

1. Clearly stated diagnosis (DSM-5 criteria)
2. Defined levels of functioning and any limitations
3. Supporting documentation (test data, history, observations, etc.)
4. Suggest recommendations for accommodations and the rationale for such accommodation

### **TRAUMATIC BRAIN INJURY**

A comprehensive evaluation report by a rehabilitation counselor, speech-language pathologist, orthopedic specialist, and/or neuropsychologist (or other specialist as appropriate), including:

1. Assessment of cognitive abilities, including processing speed and memory
2. Analysis of educational achievement skills and limitations (reading, writing, spelling, etc.)
3. Defined levels of functioning and limitations in all affected areas (communication, vision, hearing, mobility, psychological, seizures, etc.)
4. Current letter/report (post-rehabilitation and within 1 year), dated and signed for short term TBI
5. Suggest recommendations for accommodations and the rationale for such accommodations

### **LEARNING DISABILITIES**

A comprehensive evaluation report from a clinical psychologist, psychiatrist, neuropsychologist, school psychologist, learning disability specialist, or diagnostician, including:

1. Clear statement of presenting problem; diagnostic interview
2. Educational history documenting the impact of the learning disability
3. Relevant test data with standard scores are provided to support conclusion, including at least:
  - a. WAIS-R
  - b. Woodcock-Johnson Psychoeducational Battery-Revised including Written Language

- c. Woodcock-Johnson cognitive Processing Battery to substantiate any processing issues
4. Clearly stated diagnosis of a learning disability based upon DSM-5 criteria (IEP, 504 Plan, and /or letter from physician **will not be sufficient to document a learning disability.**)
5. Defined levels of functioning and any limitations, supported by evaluation data
6. The report should include specific recommendations for academic accommodations and the rationale for those recommendations.

#### **ATTENTION DEFICIT DISORDERS/ ATTENTION DEFICIT HYPERACTIVITY DISORDER**

A comprehension evaluation report from a physician, psychiatrist, clinical psychologist, neurologist, or neuropsychologist, including:

1. Clear statement of presenting problem, diagnostic interview
2. Alternative explanations and diagnoses are ruled out
3. Relevant test data with standard scores are provided to support conclusions, including at least:
  - a. WAIS-R
  - b. Woodcock-Johnson Psychoeducational Battery- Revised, including Written Language
  - c. Behavioral Assessment Instruments for ADD/ADHD normed on adults
4. Clearly stated diagnosis of ADD or ADHD based upon DSM-5 criteria (High School IEP, 504 Plan, and/or letter from physician or other professional **will not be sufficient to document ADD or ADHD.** Medication cannot be used to imply a diagnosis.)
5. Defined levels of functioning and any limitations, supported by evaluation data
6. The report should include specific recommendations for academic accommodations and the rationale for those recommendations.

#### **The following documents are not considered acceptable forms of documentation if submitted alone:**

1. Handwritten patient records or notes from patient charts.
2. Diagnoses on prescription pads.
3. Self-evaluation found on the internet or in any print publication.
4. Research articles.
5. Correspondence from healthcare providers not directly addressed to the University of the South Student Accessibility Services.
6. Documentation from K-12 non-licensed counselors, principals, or teachers.

**\*\*Please note: Any student with a diagnosed psychological disorder requesting an emotional support animal as an accommodation must provide documentation from a clinician with whom a therapeutic relationship has been established. The clinician must be from the client's state of residence or the state of Tennessee and has specifically prescribed an ESA as a part of the client's treatment plan. Please be advised that SAS will not accept documentation from a paid emotional support animal letter writing service.**

**\*\*\* Please note some documentation might be limited by date of diagnosis. Documentation for short term disabilities (illnesses, impairments, recoveries) will need to be dated within a reasonable timeline to show ongoing impairment. Example: Documentation verifying support for a surgery with a recovery of 6 months will need to be renewed after the 6 months are up for submission or continued support.**