

LAFAYETTE COLLEGE

Academic Resource Hub ♦ Accessibility Services

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Accessibility Services Documentation Form

This document provides Lafayette students, professional diagnosticians, and service providers with a common understanding of the components of documentation that are necessary to establish the existence of a disability, the impact of the disability and the need for accommodations for students seeking reasonable academic, housing, or dining accommodations at Lafayette College. Documentation should be comprehensive in order to avoid or reduce unnecessary time delays in the accommodation request process.

Lafayette College is committed to including individuals with disabilities as full participants in its programs, services and activities through compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendment Act (ADAAA) of 2008. To establish that an individual is covered under the ADAAA, the student's documentation must demonstrate that the disability substantially limits some major life activity. The following documentation requirements are provided in the interest of assuring that documentation of a disability demonstrates an impact on a major life activity, is appropriate to verify eligibility, and supports the request for accommodations, adjustments, and/or auxiliary aids.

General Documentation Guidelines

- Professionals with comprehensive training and experience in the relevant specialty and hold appropriate licensure and/or certification
- The provider must be familiar with the history and functional limitations of the student's condition and provide detailed information about the substantial nature and level of the impairment and its impact on major life functions
- The documentation provided cannot be from a family member or someone with a personal relationship with the student or student's family
- Documentation must reflect the status of the student's current functional limitations or impact

For more information, review [documentation guidelines on our website](#)

To be completed by student:

Student Name: _____ Date: _____

Lafayette ID Number: _____

I, _____, authorize my provider to release to Accessibility Services the information requested on this form for the purpose of determining appropriate accommodation(s) for my disability while a student at Lafayette College.

Signature _____ Date _____

To be completed by provider:

Provider Name: _____

Provider Signature : _____

Medical Specialty: _____

License # _____

Provider Address: _____

Phone : _____

Email : _____

DSM - 5 Diagnosis or ICD-10 Code:

Are there any pending diagnoses?

Date of initial contact: _____

Date of diagnosis: _____

Date of last appointment: _____

Frequency of contact: _____

In addition to the DSM/ICD - 10 diagnostic criteria, what other information did you collect to arrive at your diagnosis?

Behavioral observations

Developmental history

Rating scales (e.g., Beck Depression Scale, etc)

Medical history

Structured or unstructured clinical interview with the student

Interviews with others (parents, teachers, or others)

Neuropsychological, psycho educational testing, etc..

Dates of testing: _____

What methods or tools were utilized to assess functional limitation? Please list or attach

History

Is the student currently receiving therapy?

Yes

No

If yes, what type? _____ how often? _____

Is the student currently taking medication(s)?

Yes

No

N/A - not prescribing provider

If yes, describe the impact of the medication on the student's ability to participate in the educational setting:

Has the student been hospitalized or received in-patient care for this/these disorders in the past?

Yes

No

If yes, what are the dates of these treatments? _____

Is there evidence of previous treatment by a health care professional?

Yes

No

If yes, please explain:

Symptom Assessment

Describe how the student is substantially limited by the symptoms:

Symptom Assessment (continued)

Please list and rate the frequency/duration and severity of the relevant symptoms as related to the disability.

Frequency : How frequently do limitations occurs?

0 = never 1 = rarely 2 = intermittently 3 = frequently

Duration: How long has the student experienced these limitations?

1 = more than 1 year 2 = months 3 = recent acute onset

Symptom	Frequency Scale 0-3 see above	Duration Scale 1-3 see above	Severity			Comments
			Mild	Moderate	Severe	

Functional Impact Assessment

Please rate the frequency/duration and severity of the **relevant** symptoms as related to the disability.

Frequency: How frequently do limitations occur?

0 = never 1 = rarely 2 = intermittently 3 = frequently

Duration: How long has the student experienced these limitations?

1 = more than 1 year 2 = months 3 = recent acute onset

Major Life Activity	Frequency Scale 0-3 see above	Duration Scale 1-3 see above	Severity			Comments
			Mild	Moderate	Severe	

Impact in Post-Secondary Setting:

Provide comments on daily life impairment experienced by student in a post-secondary setting:

Anticipate Progress and Prognosis

Progress and anticipated prognosis (if relevant, provide information on the cyclical nature or known environmental triggers)

Additional Comments

To return form or ask questions:

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