

DOCUMENTATION GUIDELINES: PSYCHOLOGICAL DISABILITIES

Students who are requesting services from Disability Support Services at National University of Health Sciences are required to submit documentation under the Americans with Disabilities Act Amendments (ADAAA) and Section 504 of the Rehabilitation Act of 1973. Individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations and the right to equal access to programs and services. A diagnosis of a disability alone does not automatically qualify an individual for accommodations under the ADAAA. To establish the need for a reasonable accommodation, the documentation must indicate the disability substantially limits one or more major life activities, and supports the request for services, accommodations, academic adjustments, and/or auxiliary aids.

This document provides guidelines necessary to establish the impact of the disability on the individual's educational performance and participation in other University programs and activities, and to validate the need for accommodations.

Submitted information must be current and comprehensive in order to avoid unnecessary delays in granting the accommodations. Students may be asked to provide updated comprehensive information if their condition is potentially changeable and/or previous documentation doesn't include sufficient relevant information. All documentation must conclude with a section devoted to recommendations linked to the disability that are appropriate to the educational program.

Documentation must be performed by a licensed or credentialed authority with specific training or expertise related to the condition being diagnosed such as: Psychiatrist, Clinical Psychologist, Social Worker (LCSW), or Psychiatric Nurse Practitioner. The evaluating professional must not be related to the student.

A verification form has been developed for the licensed or certified evaluator to complete to ensure that a student's disability has been evaluated and documented with enough detail to determine eligibility for accommodations. All parts of the form must be completed as thoroughly as possible. The professional provider should attach any reports that provide additional related information (e.g., psycho-educational testing, neuropsychological test results, psychological interviews, etc.).

The documentation must include all the following items incorporated within the Psychological Disability Verification Section of this document:

- Clear diagnostic statement, including diagnostic sub-types where relevant, that describes how the condition was diagnosed and provides information on the functional impact of the condition. A full clinical description will convey this information, as will diagnostic codes from the DSM (Diagnostic Statistical Manual of the American Psychiatric Association).
- Specific dates relevant to the treatment history. Documentation for eligibility should be current; the most recent visit cannot be more than one year from the date of registration with the Office of Disability Support Services.
- Description of the diagnostic methodology used including diagnostic criteria, evaluation methods, tests and dates of administration, clinical narrative, observations, and results. Diagnostic methods must be congruent with the particular disability and with current professional practices in the field.
- Description of the current functional limitations of the disabling condition helps establish the possible disability and identify possible accommodations. A combination of the individual's self report, results of formal evaluation procedures, and clinical narrative are recommended. Quality documentation will demonstrate how a major life activity is *significantly, amply, or substantially limited* by providing evidence of frequency and pervasiveness of the conditions(s).
- Description of the progression or stability of the disability over time and in context.
- Description of current and past accommodations, services or medications.
- Recommendations for accommodations, assistive devices, assistive services, compensatory strategies, and/or collateral support services.

Please note that in reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, Disability Support Services may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student's academic program. In addition, Disability Support Services may also propose clinically supported accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.

The aforementioned guidelines are provided so that Disability Support Services can respond appropriately to the individual needs of the student. Disability Support Services reserves the right to determine eligibility for services based on the quality of the submitted documentation. Documentation may need to be updated or supplemented in order to be considered complete. **Students who submit partial or incomplete documentation that does not meet the guidelines will not be eligible for services or granted accommodations.**

Psychological Disability Verification Form

To Be Completed by the Student

Student's Name: _____ Student's ID: _____

Student's E-Mail: _____ Student's Phone: _____

Today's Date: _____

To Be Completed by the Student's Evaluator

1) The current DSM Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF scores): _____

2) Date of Diagnosis: _____

3) In addition to the DSM IV criteria, how did you arrive at your diagnosis? Please check all relevant items below; adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student:

X	Criteria	Notes
	Structured or Unstructured interviews	
	Interviews with other persons	
	Behavioral Observations	
	Developmental History	
	Educational History	
	Medical History	
	Neuro-psychological testing. Dates:	
	Psycho-educational testing. Dates:	
	Standardized or non-standardized rating scales	
	Other (please specify)	

4) This student has been under a physician's care for this issue since: _____

5) Date student was last seen: _____

6) How long is this condition likely to persist _____

7) How often is the student required to check-in with a physician?

Once a week

Once a month

Every three-four months

Every six months

Once a year

As needed

Other: _____

