

**AMERICAN UNIVERSITY**

W A S H I N G T O N , D C

OFFICE OF STUDENT DISABILITY SUPPORT**DOCUMENTATION GUIDELINES FOR REQUESTING
DISABILITY-RELATED ACCOMMODATIONS
Allergies**

The Office of Student Disability Support (OSDS) provides reasonable accommodations to students with documented disabilities to ensure equal access to educational programs and services at American University (AU). Reasonable accommodations are determined in accordance with Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990 as amended by the Americans with Disabilities Act Amendments Act of 2008. Under the law, a disability is defined as an impairment that substantially limits one or more major life functions. To request accommodations, students must register with the OSDS, which includes providing clinical documentation that meets the guidelines below.

To verify the disability and its severity, and to determine appropriate accommodations, the OSDS reviews clinical documentation, the student's self-report, and the program requirements for which the student is enrolled. All documentation is reviewed on a case-by-case basis, and accommodations are determined through an interactive process. Submitting evidence of a diagnosis alone may not meet the standard of a disabling condition or be sufficient to warrant accommodations. All accommodation recommendations must be logically related to the student's functional limitations based on evidence from the clinical evaluation.

Professionals Who Can Provide Clinical Documentation

- The provider must have 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

Recency of Documentation

- Documentation must reflect the status of the student's current functional limitations
- Typically, diagnoses with no anticipated fluctuation of functional limitations require a recent report written in the past two years
- Typically, diagnoses that may change or are considered episodic, require a recent report written in the past six months

Office of Student Disability Support
4400 Massachusetts Ave NW, Butler Pavilion 300, Washington, DC 20016
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<https://www.american.edu/provost/disability-support>

The nature of the diagnosis will inform the OSDS's decision to request updated documentation throughout the student's enrollment at AU. The OSDS reserves the right to request updated documentation and/or additional documentation to support specific accommodations.

Documentation Guidelines

Documentation must be in English, typed on official letterhead, dated and signed with the credentials of the professional providing documentation. Documentation must also include:

- A specific medical diagnosis, including present symptoms, their duration, and severity
 - List the specific food or environmental allergy, including specific allergen(s), cause of reaction (airborne, contact, ingestion, etc.) and subsequent reaction (rash, anaphylaxis, etc.)
- Objective measures used to determine diagnosis (attach results)
- Description of the student's presenting impairment and its substantial impact on major life functions in an educational, residential living, and/or residential dining (i.e., dining hall) environment
- Description of any history that is relevant to the student's current functioning
- Description of both current and relevant past treatment plans, including any relevant medications and their effects
 - Is the student prescribed emergency epinephrine?
 - Is the student on a prescribed medical diet? If yes, please describe diet
- Rationale for recommended accommodation(s) that is logically related to functional limitation(s), based on evidence from the clinical evaluation
- Duration the student has been under the clinician's care and date of last contact

If the documentation which has been submitted does not contain sufficient information to determine appropriate accommodations, the student will be contacted by the OSDS.

Functional Impact Form

Student Name: _____ AU #: _____ DOB: _____

Provider Name: _____ Title: _____

Credentials: _____ License # _____

Address: _____

Phone: _____ Email address: _____

1. Diagnosis: _____

Date diagnosed: _____ Last contact: _____

Duration of time student has been under the clinician's care: _____

2. Please complete the table below*

Allergen	Not Allergic	Airborne	Contact	Ingestion	Reaction
Wheat					
Peanut					
Egg					
Milk					
Fish					
Soybean					
Shellfish					
Tree Nut					
Other: _____					
Other: _____					
Other: _____					

*Attach objective measure results to the completed form

3. Provide detailed information regarding the student's major life functions and their impact in the educational, residential, and/or dining environments.

4. Describe any history that is relevant to the student's current functioning.

5. Describe both current and relevant past treatment plans, including any relevant medications, medically prescribed diets, and their effects.

- Is the student prescribed emergency epinephrine?
- Is the student on a prescribed medical diet? If yes, please describe diet.

6. Provide rationale for recommended accommodation(s) that is logically related to the functional limitation(s), based on evidence from the clinical evaluation

Recommended Accommodation	Rationale

7. (Optional) Please provide any additional information or recommendations you feel will be useful in determining reasonable accommodations.

Date provider suggests reevaluation: _____

Final determination of appropriate accommodations will be determined by the Office of Student Disability Support

Signature of Provider: _____ Date: _____

Please attach any test reports or other relevant information and return to the OSDS.