

**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
Severe and Chronic Medical Conditions**

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

- 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

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

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
 - Is the nature of this diagnosis changing or unchanging?
 - Is this diagnosis chronic? If not, length of anticipated recovery
- Measures used to determine diagnosis
 - Include any relevant objective measure results
- Date of onset and expected progression or prognosis of the student's diagnosis
- Description of the student's presenting impairment and its substantial impact on major life functions in an educational and/or residential environment
- Description of any history that is relevant to the student's current functioning
- Description of both current and past treatment plans, including any relevant medications and their effects
- 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 submitted does not contain sufficient information to determine appropriate accommodations, the student will be contacted.

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 your care: _____

Is the diagnosis changing or unchanging? _____

If changing, describe the anticipated progression: _____

Is the diagnosis chronic? If not, length of anticipated recovery: _____

2. Provide detailed information regarding the student's diagnosis, including present symptoms and the symptoms' duration, severity and substantial impact on major life functions in an educational and/or residential environment.

3. Measures used to determine diagnosis (attach any relevant objective measure results).

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 and their effects.

6. Rationale for recommended accommodation(s) that is logically related to 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 decision 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.