Documentation Guidelines for the Office of Disability Services at Slippery Rock University

The Office of Disability Services provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, as amended in 2008. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Documentation must contain current information (no more than 3 years old).

Disabilities Covered by the Above Laws:

- Learning disabilities (such as dyslexia, dysgraphia and dyscalculia)
- Medical health (such as cardiac disease, diabetes, arthritis, cancer, seizure disorder, etc.)
- ADD/ADHD
- Physical/mobility impairments (ambulatory, wheelchair)
- Hearing impairments
- Visual impairments
- Emotional/psychological impairments (such as bipolar disorder, depression, anxiety, etc.)
- Autism Spectrum Disorder
- Traumatic brain injury
- Temporary disabilities - disabilities existing only for a short period of time (6-months or less) as a result of injuries, surgery or short-term medical conditions

Documentation

There are multiple ways to provide Disability Services with documentation of your disability. Students should submit at least one of the following:

1. **Full evaluation/diagnostic report**
   - A psychological evaluation from a licensed psychologist or psychiatrist
   - This would provide the richest information to determine the best possible accommodations and supports.

2. **Documentation that provides proof of diagnosis and prior accommodations.**
   - IEP/504 plan
   - Accommodation letter from previous postsecondary institution

**Please Note:** The accommodations for higher education environments may be different from basic education environments. Although the documentation types mentioned above can provide us with the information necessary, we are not able to utilize the same accommodations in all cases. All accommodations will be discussed in the first welcome meeting with the Office of Disability Services and provided on a case by case basis. Any other accommodations specific to your disability must be requested and approved.
3. **Disability Verification Form**
   - Must be completed and signed by a licensed healthcare professional
   - Available for download at [http://www.sru.edu/academics/academic-services/services-for-students-with-disabilities](http://www.sru.edu/academics/academic-services/services-for-students-with-disabilities)

4. **Self-report**

5. **A healthcare professional can submit a letter of their own.** Please provide the following information to Disability Services on letterhead with the date and signature:
   - A diagnostic statement identifying the disability (with the date of diagnosis)
   - Severity of the disorder (mild/moderate/severe)
   - Medication or treatment currently prescribed
   - Recommended accommodations that may assist the student in minimizing the impact of the condition in an academic setting.

**Important Notes Regarding Documentation**

The Office of Disability Services will review and consider all pieces of documentation submitted. Documentation will assist our office in understanding how the disability impacts the student in an academic setting and the current impact of the disability as it relates to the accommodations requested.

Reviewing documentation is a collaborative process and each piece of documentation is handled on a case-to-case basis.

The eligibility determination process is not a same day process. Once documentation is received, it will be reviewed in order of receipt; therefore, it is recommended that documentation be submitted well in advance of any accommodation related needs.

If you would like to discuss the documentation review process, you may speak with a Disability Services staff member or the director.

**Housing Accommodations**

The Office of Disability Services also works in conjunction with the offices of Housing and Residence Life to provide appropriate housing accommodations to students who are approved for that accommodation through the Office of Disability Services. To request housing accommodations, students will need to:

- Complete the housing accommodation request form at the time the housing application is submitted.

Once those tasks are completed, communication will be made with the student to schedule a Welcome Meeting with the Office of Disability Services. This meeting will be followed by a review of the housing accommodation request form by the Director of Disability Services and the Assistant Director for Housing Accommodations at Slippery Rock University.
DISABILITY VERIFICATION FORM

Student Information
To Be Completed by the Student
(Please Print Legibly or Type)

First Name ___________________ Middle __________ Last __________________________

Banner ID ____________________

Date of Birth ____________________________

Status (check one) ☐ Current Student  ☐ Transfer Student  ☐ Prospective Student

If prospective, what month and year are you beginning __________________________

Local phone (____) - ________ - ________ Cell phone (____) - ________ - ________

Address:
____________________________________________________________________________
____________________________________________________________________________

If current Slippery Rock University student, email address ______________________ @sru.edu

Other email address ____________________________________________________________

Important: After documentation is reviewed, Disability Services will send an email
notification to the student’s Slippery Rock University email account, (name.#@sru.edu),
acknowledging receipt of documentation and the student’s eligibility status.

DIAGNOSTIC INFORMATION

To Be Completed by the Health Care Provider
(Please print legibly or type)

1. Date of Diagnosis: ________________________________

2. Primary Diagnosis: __________________________________________________________

   • Secondary Diagnosis: ______________________________________________________

3. What is the severity of the disorder? ☐ Mild ☐ Moderate ☐ Severe

4. Please state the medication or treatment the student is currently prescribed:
5. Major Life Activities Assessment: *Please check each of the following major life activities that are impacted by the disability. Indicate severity of limitations.*

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6. In addition to the major life activities that are indicated above, please describe any activities that may be impacted by the disability or symptoms that may need to be addressed in the University environment:

7. Please state specific recommendations regarding academic accommodations for this student:
HEALTHCARE PROVIDER INFORMATION

(Please sign and date below and completely fill in all other fields using PRINT or TYPE)

Provider Signature ___________________________________________ Date ______________

Provider Name (print) __________________________________________

Title _________________________________________________________

License or Certification # ______________________________________

Address ______________________________________________________

____________________________________________________________________

____________________________________________________________________

Phone Number (_______) - ________ - __________

Fax Number (_______) - ________ - __________