

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

The Office of Disability Services (ODS) provides academic services and accommodations for students with diagnosis 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 disability as a physical or mental impairment that substantially limits one or more major life activities.

### 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 ODS with documentation of your disability. Students should submit at least one of the following in addition to his/her/their self-report:

#### 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 ODS 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

#### 4. 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.

# Disability Verification Form

## Student Information

*This section must be completed by the student.*

First name		Middle		Last	
Banner ID					
Date of Birth					
Local Address					
Permanent Address					
Cell Phone					
Alternate Phone					
SRU email (if available)					
Status	Current, Transfer or Prospective:				
Semester you would like accommodations to begin					

*The remainder of this document must be completed by a certified/licensed Health Care Provider.*

## Diagnostic Information

Primary Diagnosis	
Secondary Diagnosis	
Date of Diagnosis	
Severity	Mild, Moderate or Severe:
Medication or treatment that the student is currently prescribed	

## Major Life Activities Impacted

What major life activity/activities (including, but not limited to, seeing, hearing, walking, standing, thinking, learning, reading, concentrating, etc.) are impacted by the disability? Please indicate the severity of impact and the limitations for the student:

## Activities Impacted

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

## Accommodations

Please state specific recommendations regarding academic accommodations for this student:

## Additional Information

Please add any additional information that you feel are appropriate to support the student in his/her/their request for accommodations:

## Healthcare Provider Information

Must be completed by the Health Care Provider

Provider Name	
Provider Title	
License or Certification #	
Address	
Phone Number	
Fax Number	
Email	
Provider Signature	

**Provider Signature Statement:** By signing my name electronically to this document, I agree that my electronic signature is the legal equivalent to my manual/handwritten signature.