

Center for Academic Success and Accessibility Services Southern Connecticut State University New Haven, Connecticut 06515

Documentation Check list and Guidelines

Address

Phone/Fax Number

Please have your licensed health professional use the following checklist as a guide to type a detailed statement for consideration of your accommodation request. The documentation must contain the relevant information requested below, on letterhead and in PDF format, if digital. For more information related to specific diagnoses, please see the following pages.

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DIAGNOSIS	INFORMATION
	Primary Diagnosis / Diagnoses
	Date of establishment / Age of Onset
_	Date of most recent evaluation
BACKGROU	IND HISTORY
С	Discuss any pertinent background information.
EVALUATIO	N PROCEDURES
ϵ	List assessment or evaluation procedures, results and any additional information related to the evaluation of the student's disability. (ex. specific testing, weekly therapy, check in appointments)
CURRENT II	MPACT OF DIAGNOSIS
	Describe the student's condition. Please include how the condition impacts the student, educational history, level of impairment, progress and/or treatment as applicable.
IMPACT IN	ACADEMIC SETTING OR LIVING ENVIRONMENT
_	Describe the limitations on learning and the degree to which the student's disability impacts academic performance and the demands of an academic program.
CURRENT I	MEDICATIONS
	List any prescribed medications, dosages and any adverse side effects (if applicable).
RECOMME	ENDATIONS / ADDITIONAL COMMENTS
_	Provide a list of recommended accommodations and how they will address the student's specific needs.
EVALUATO	R QUALIFICATIONS (some information may be listed on the letterhead)
С	□ Signature
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Guidelines by Diagnostic Category:

For Students with an Autism Spectrum Disorder (ASD):

- o Information on the impact of the condition(s) in the post-secondary environment, including both academic and residential
- o Information regarding processing speed, executive functioning and/or cognitive efficiency, visual-auditory processing, and concentration
- Any relevant information on co-morbid conditions

For Students with Chronic Health Conditions:

- Discussion of the impact and severity of the symptoms experienced in the post-secondary environment
- o Information on the impact of any relevant co-morbid diagnoses
- Expected Prognosis

For students who are Deaf or Hard of Hearing:

- o Discussion of the type and degree of hearing loss
- Description of any audiological technologies currently used (i.e. Hearing aids, FM systems, Cochlear Implants, etc.)

For Students with Learning Disabilities or Attention Deficit Hyperactivity Disorder (ADHD):

- Neuropsychological testing and/or a record of testing instruments used to determine diagnosis and level of impact
- Information regarding processing and/or cognitive efficiency, visual-auditory processing, executive functioning, memory and concentration

For students with Psychiatric Conditions:

- o Information on the impact of the condition(s) on the post-secondary environment, including both academic and residential
- o Any relevant information on co-morbid diagnoses



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For Students with Traumatic Brain Injuries (TBI):

- Information on the type of injury sustained
- o Information on intellectual and cognitive functioning in the post-secondary environment
- o Information on impact to motor, visual, auditory, and tactile functioning
- o Information on speech, language and communication skills

For Students with Temporary Impairments:

- Information on the impact and severity of the diagnosis
- Anticipated duration ofimpairment
- Potential complications that may arise either during treatment or recovery

For Students with Visual Impairments:

- o Discussion of the type and degree of visual acuity
- o Description of any aids currently in use (glasses, magnifiers, assistive technology, etc.)