



Southern Connecticut State University

DISABILITY RESOURCE CENTER

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Documentation Check list and Guidelines

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

DIAGNOSIS INFORMATION

- Primary Diagnosis / Diagnoses
- Date of establishment / Age of Onset
- Date of most recent evaluation

BACKGROUND HISTORY

- Discuss any pertinent background information.

EVALUATION PROCEDURES

- 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 IMPACT 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

- 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 MEDICATIONS

- List any prescribed medications, dosages and any adverse side effects (if applicable).

RECOMMENDATIONS / ADDITIONAL COMMENTS

- Provide a list of recommended accommodations and how they will address the student's specific needs.

EVALUATOR QUALIFICATIONS *(some information may be listed on the letterhead)*

- Signature
- Date
- Full Name of Evaluator
- Professional Title
- License Number
- Address
- Phone Number
- Fax Number

Guidelines:

For Students with an ***Autism Spectrum Disorder (ASD)***:

- Information on the impact of the condition(s) in the post-secondary environment, including both academic and residential
- 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
- Information on the impact of any relevant co-morbid diagnoses
- Expected Prognosis

For students who are ***Deaf or Hard of Hearing***:

- 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 that includes information regarding academic achievement in reading, writing, math, and language
- Information regarding processing and/or cognitive efficiency, visual-auditory processing, executive functioning, memory and concentration

For students with ***Psychiatric Conditions***:

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

For Students with ***Traumatic Brain Injuries (TBI)***:

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

For Students with ***Temporary Impairments***:

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

For Students with ***Visual Impairments***:

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