



Disability Documentation Form

Student Accessibility Services at Ohio University provides services and/or accommodation for students with disabilities intended to facilitate equal access to educational opportunities. To determine eligibility for services and/or accommodations, current and comprehensive documentation regarding a physical or mental condition and its impact on the student's function is required from a licensed medical professional qualified to diagnose and treat the particular condition(s).

I request that this form be completed and returned, along with any supporting documentation regarding my condition, to Student Accessibility Services.

Signature _____ **Date** _____

*Please see bottom of last page of form for Student Accessibility Services contact information.

Please complete the following:

Name of Student: _____ Date of Birth: _____

Date of Diagnosis: _____ Date of Last Contact: _____

Diagnosis: _____

What sources were used to obtain information that verified a diagnosis? Check all that apply.

- History of presenting symptoms
- Academic history of elementary, secondary, tertiary education. Attach any supporting documentation, e.g. Individualized Education Plan (IEP), 504 Plan, Multi-Factored Evaluation (MFE), teacher reports, etc.
- Family History. Prevalence in the family of same or other related diagnosis.
- History of previous therapy including medication history that is relevant to the current diagnosis.
- Psychometric Instruments (please specify): _____
Date: _____

What is the anticipated duration of the impacting symptoms?

6 months 1 year more than 1 year

Major Life Activities Impacted: Below is a checklist of the major life activities that could be impacted by the stated diagnosis. Please check all that apply.

Major Life Activity	No Impact	Mild Impact	Moderate Impact	Substantial Impact
Caring for one's self				
Eating				
Sleeping				
Concentrating				
Memorizing				
Managing internal distractions				
Managing external distractions				
Social Interactions				
Organizing				
Managing Stress				
Regular and timely attendance				
Making and keeping appointments				
Maintaining deadlines				
Talking				
Hearing				
Breathing				
Lifting				
Learning				
Thinking				
Interacting with others				
Listening				
Speaking				
Seeing				
Reading				
Standing				
Reaching/Grasping				
Sitting				
Walking				
Writing				
Performing Manual tasks				

Return this information to Ohio University Student Accessibility Services
 230 Alden Library 1 Ohio University Athens, OH 45701
 740.593.2620 (phone) 740.593.0790 (fax)

How else might the student's disability impact their academic performance?

How else might the student's disability impact living on or getting around campus?

Please list any current medication, dosage, frequency, and side effects that may affect the student's academic performance:

What are your recommendations for reasonable accommodations?

HEALTHCARE PROVIDER INFORMATION

The information I have provided is accurate to the best of my knowledge and the condition for which I treat the student is within the scope of my professional licensure or certification.

Signature: _____ Date: _____

Print Name, Title, Credentials: _____

Address: _____

Phone: _____

Return this information to Ohio University Student Accessibility Services
230 Alden Library 1 Ohio University Athens, OH 45701
740.593.2620 (phone) 740.593.0790 (fax)