

DOCUMENTATION OF DISABILITY

Students requesting services or accommodations at NC State University are required to provide current documentation. Documentation standards to determine legal eligibility may be more stringent than for usual clinical practice. Eligibility is based upon documented clinical data not simply on self-report or evidence of a diagnosis.

The Americans with Disabilities Act defines a person with a disability as one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

As the diagnosing professional, please fully complete all sections of this form and narrative. Additional reports or information can be attached if appropriate.

Please note: All information that you provide may be shared with this student unless clearly marked otherwise. Thank you for your assistance.

Disability Services Office
Student Health Center Building
2815 Cates Ave., Suite 1900
Campus Box 7509
Raleigh, NC 27695-7509

919.515.7653 (voice)
919.515.8830 (TDD)
919.513.2840 (fax)

www.ncsu.edu/dso

To Be Completed By The Student RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize the release of the following information to the Disability Services

Student Name - Please Print

Office at NC State University for the purpose of determining my eligibility and reasonable accommodations.

\_\_\_\_\_
Date

\_\_\_\_\_
Student's Signature

Only To Be Completed By The Diagnosing Professional Student Name: \_\_\_\_\_

I. Does the student have a physical or mental impairment?

Attach test results e.g. eye report with visual acuity and fields, audiology report, PT/OT evaluation, psychological report, neuropsychological report, psycho-educational evaluation, etc.

Primary Diagnosis \_\_\_\_\_ Code \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Date of Last Evaluation \_\_\_\_\_

History of Impairment \_\_\_\_\_

Nature and Severity \_\_\_\_\_

Is impairment persistent and long term? \_\_\_\_\_

If temporary, what is the expected duration? \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_ Code \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Date of Last Evaluation \_\_\_\_\_

History of Impairment \_\_\_\_\_

Nature and Severity \_\_\_\_\_

Is impairment persistent and long term? \_\_\_\_\_

If temporary, what is the expected duration? \_\_\_\_\_

Other Diagnosis \_\_\_\_\_ Code \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Date of Last Evaluation \_\_\_\_\_

History of Impairment \_\_\_\_\_

Nature and Severity \_\_\_\_\_

Is impairment persistent and long term? \_\_\_\_\_

If temporary, what is the expected duration? \_\_\_\_\_

Attach additional sheets if needed

**TREATMENT**

Date of Last Visit: \_\_\_\_\_ How often do you provide treatment? \_\_\_\_\_  
Other Providers and frequency? \_\_\_\_\_

**Prescribed Medications**

**Side Effects**

**II. Does the impairment affect a Major Life Activity?**

**MAJOR LIFE ACTIVITIES**

Which, if any, of the major life activities below, does the impairment(s) affect? Please check:

- Breathing       Caring for self       Hearing       Learning       Performing manual tasks
- Seeing       Speaking       Working       Walking
- Other, please list \_\_\_\_\_

If you checked "learning" as an affected major life activity, please provide more detailed information by checking all components of "learning" that are substantially affected.

Please note: We request data based evidence such as psychoeducational, neuropsychological, or norm based behavioral assessments that measure how the impairments interfere with cognitive performance. When possible include in your narrative and/or attach a report that lists all testing results (including standard scores and subtests) and an explanation of how the test scores were used to arrive at your conclusion that the components of learning that you checked are substantially affected.

- \_\_\_ **Engagement:**       attending       concentrating       demonstrating       reading  
                                   thinking       writing       accessing prior knowledge
- \_\_\_ **Exploration:**       answering       decision making       investigating       organizing  
                                   performing       planning       problem solving
- \_\_\_ **Explanation:**       analyzing       discussing       reflecting  
                                   supporting with evidence
- \_\_\_ **Extension:**       applying understanding to the real world       expanding understanding
- \_\_\_ **Evaluation:**       demonstrating knowledge on instructor generated scoring tools

**III Does the impairment substantially limit the student's life?**

**SUBSTANTIAL LIMITATIONS**

Is the student significantly restricted in comparison to most people as to the conditions, manner or duration under which activities can be performed? How does the condition(s) affect the student in the activities required in an academic environment? List below the specific substantial functional limitations, how often the limitations/restrictions occur, how long they last, and the severity of each. (e.g. inability to concentrate, daily, 24 hrs., moderate severity; cannot attend class, 2x per month, 2 days, severe ) Please note, when determining whether an impairment substantially limits a major life activity corrective measures such as treatment, medication, hearing aids and other methods used to correct or alleviate the physical or mental impairment should not be considered. The only exception is eyeglasses or contacts.

Restrictions/Difficulties	Frequency/Duration (daily, weekly, monthly/# hours, days, etc.)	Severity (mild, moderate, severe)

Which accommodations and/or services, if any, do you recommend? (This is for informational purposes only. If required, NC State University will determine the appropriate, reasonable accommodations.)

**IV. WRITTEN NARRATIVE** (An evaluation report that includes the information requested below can serve as the written narrative.)

A written narrative (signed, dated and on official letterhead) must be submitted with the "Documentation of Disability" form. This written report can be brief but must adequately support each accommodation recommended and must include:

1. What procedures were used to assess/diagnose the impairment (include test instruments, subtest scores, etc);
2. A full description of the current difficulties and functional limitations in an educational setting;
3. Whether or not accommodations will be needed when utilizing medication or other corrective measures;
4. Activities or situations that should be avoided or would present a current significant risk of serious injury or death for this student or others;
5. Whether this student is currently a danger to himself / herself or others (Explain);
6. A clear and convincing rationale for each requested accommodation based on the degree of impact of the impairment and the resulting functional limitations.

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Thank you for your help in providing this information so that we may begin providing services or accommodations as soon as possible.

Since DSO bases eligibility decisions on the documentation submitted by qualified diagnosticians, incomplete or missing information can prevent or delay necessary services and accommodations. This form and the required narrative must be completed and signed by the qualified professional who performed the evaluation and made the diagnosis.

**Please mail the signed original form and narrative. To avoid delay, also fax us a copy at 919-513-2840. Faxed forms and narratives must be followed by a mailed original copy. PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Professional Credentials \_\_\_\_\_

License / Certification number \_\_\_\_\_

Area of Specialization \_\_\_\_\_

State / Province of Licensure / Certification \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_