The above named student has requested accommodations for a disability at Oregon State University (OSU). Disability Access Services (DAS) is attempting to determine whether this student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student needs reasonable accommodation(s).

- Documentation should be completed by a qualified professional, such as a treating or diagnosing health/mental health provider who has an established therapeutic relationship with the student.
- Documentation from a family member is NOT accepted.
- All documentation will be evaluated on a case-by-case basis and assist DAS in understanding the impact in an academic setting.
- A doctor’s prescription pad note is not sufficient documentation.
- For psychological disabilities, evaluation and documentation should be within the last six months unless the condition is one that has stabilized.
- The following is NOT sufficient documentation in and of itself, however, can be included as part of a more comprehensive report:
  - A school plan such as an IEP/504 Plan
  - A profile of academic strengths and weaknesses and how these relate to the academic limitation(s)
  - Information about accommodations at a previous postsecondary institution
  - Medical records only identifying the medical condition with no information about the impacts in the postsecondary environment

Options for providing DAS with documentation for academic accommodations:

1. A complete and detailed evaluation or diagnostic report of the condition and impact or limitations caused as a result of the condition(s).
2. For LD or ADD or ADHD diagnosis (assessments normed for adults are preferred), please see page 4 of this document (Specific Learning Disabilities’ (LDs) and ADD/ADHD Guidelines).
3. A letter from a health or mental health professional on letterhead with the date, signature and credentials and it must address the questions listed on the attached form.
4. This completed DAS Documentation Information Form with accompanying assessments or test results.
1. **What is the diagnosis(es) that impact the student’s physical and/or cognitive function?** You must state the specific diagnosis, terms such as “suggest” or “is indicative of” are not acceptable.

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

2. **Date of diagnosis:** ____________________________

   **Date first seen:** ____________________________

   **Number of visits:** __________________________

   **Date of most recent visit:** __________________

3. **How long has the student experienced this and what is the EXPECTED duration?**

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

4. **What is the evidence supporting the diagnosis(es) that you have or are providing treatment for?**

   Please provide a copy of any test results supporting the diagnosis(es) (i.e. audiogram/vision report, psycho-educational evaluation, etc.) or other information used to reach the diagnosis.

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

5. **If the student is taking medication, what side effect(s), if any, is the student experiencing?**

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
6.
   a. What specific physical and/or cognitive functional impact is the student experiencing in an academic environment? Please elaborate.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

b. What is the severity of the impacts: MILD/MODERATE/SEVERE?

7. Based on the information that you provided in Question 6, in your professional opinion, what does the student require in an academic environment to address the impact(s) you specified? Please provide us with an indication of the level of need for the accommodation(s).

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

8. Is there any other information you would like to add that might be helpful to us in working with this student?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Please attach any other information (evaluations) relevant to the student’s current condition.

Provider Information:

______________________________________
Print name

______________________________________
Date

______________________________________
Signature

______________________________________
License or Certification

______________________________________
Phone #

Area of Specialization
Specific Learning Disabilities (LDs)
A comprehensive psycho-educational assessment from a psychologist or learning disabilities specialist that includes the following: **(Must be normed for adults)**

- A clear statement of the specific learning disability with the DSM-V diagnosis.
- A test used to measure intellectual ability, including scores and subtest scores
  - Not acceptable: Kaufman Brief Intelligence Test (KBIT), Slosson Intelligence Test, Wechsler Abbreviated Scale of Intelligence (WASI), Wechsler Intelligence Scale for Children – III (WISC-III).
- A test used to measure academic achievement, including scores and subtest scores.
  - Not acceptable: Wide Range Achievement Test – 4 (WRAT-4).
- A test used to measure processing ability, including scores and subtest scores.
  - Acceptable processing tests: Detroit Tests of Learning Aptitude – Adult, Woodcock-Johnson IV Tests of Cognitive Abilities
- Clinical summary

ADD/ADHD Guidelines

- A comprehensive assessment from a qualified professional should include the following:
- A test used to measure intellectual ability, including scores and subtest scores
  - Not acceptable: Kaufman Brief Intelligence Test (KBIT), Slosson Intelligence Test, Wechsler Abbreviated Scale of Intelligence (WASI), Wechsler Intelligence Scale for Children – III (WISC-III).
- A test used to measure academic achievement, including scores and subtest scores.
  - Not acceptable: Wide Range Achievement Test – 4 (WRAT-4).
- A test used to measure processing ability, including scores and subtest scores.
  - Acceptable processing tests: Detroit Tests of Learning Aptitude – Adult, Woodcock-Johnson IV Tests of Cognitive Abilities
- Clinical summary
- It might also include some of the following checklists:
  - Clinical Assessment of Attention Deficit Adult (CAT-A)
  - Barkley Home and School Situations Questionnaires and Barkley Adult ADHD Rating Scale-IV (BAARS-IV)
  - Vanderbilt Assessment Scales
  - AHRQ Technical Review: Diagnosis of AD/HD
  - Connors Rating Scales