

Requirements for Reports Documenting Chronic Health Conditions and Mobility Impairments

Western Illinois University's office of Disability Support Services (DSS) facilitates accommodations and services for qualified students with disabilities enrolled at Western. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) protects students from discrimination on the basis of disability and ensures the provision of reasonable accommodations. The following documentation guidelines establish that a student is eligible for accommodations and services under these laws, demonstrate that the disability produces a significant, functional impact on a major life activity, and support the student's request for accommodations. **All professional reports or letters should be type-written on professional letterhead, dated and signed.**

A. Qualified Evaluator

Professionals conducting medical evaluations and rendering diagnoses of chronic health conditions must be a certified practicing medical doctor (MD) and must hold qualifications that are recognized by the state of Illinois as affirming his or her eligibility to render a medical diagnosis.

B. Current Documentation

DSS professionals must be able to ascertain the current impact of the condition in order to determine appropriate accommodations. Therefore, the documentation should be up-to-date and address current functional limitations.

C. Diagnosis, Treatment and Impact

A comprehensive report should include the following information:

- Definitive diagnostic statement
- Relevant medical history
- Type and severity of current symptoms and effects on general and academic functioning
- Currently prescribed or recommended treatment and their effects on general and academic functioning
- Types of activity that are specifically contraindicated by the student's condition

D. Need for Accommodations

The report should describe the current and significant functional limitations that warrant accommodations and provide recommendations for academic accommodations that are directly linked to those limitations. In addition, recommendations for accommodations pertaining to campus board, room, or transportation needs should be included.

Professional Evaluator's Documentation Checklist:
Chronic Health Conditions & Mobility Impairments

Student Information

Student Name: _____
Student ID Number: _____
Campus Address: _____
Local Phone Number: _____
Date of Birth: _____
Date of Evaluation: _____

Diagnosis

Please list this individual's diagnosis(es) and give a brief explanation of each. _____

Symptoms and Severity

Please list this individual's current symptoms and indicate their severity (mild, moderate, severe). _____

Age of Onset

Age of onset _____ Date of onset _____

Prognosis

Please describe the prognosis. _____

Prescribed Treatment

Please list prescribed treatments, care, assistive devices, etc. and list any activities that would be contraindicated by this individual's condition. _____

Impact on Cognitive Functioning

Please describe current impact of the condition or medication on cognitive functioning. _____

If any objective tests of cognitive functioning have been administered, please attach those test results, including standard scores and percentile ranks, as well as any interpretive summary.

Current Impact of Condition or Medication on Academic Functioning

Please describe the effects of the condition or prescribed medications on academic functioning. _____

Recommendations for Accommodations/Referrals

- | | |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Audio format of written course materials | <input type="checkbox"/> Lab assistant |
| <input type="checkbox"/> Extended time for exams (time and a half) | <input type="checkbox"/> Note taking assistance |
| <input type="checkbox"/> Extended time for exams (double time) | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Scribe for scantron exam forms | <input type="checkbox"/> Reader for exams |
| <input type="checkbox"/> Computer to type answers to exam questions | <input type="checkbox"/> Scribe for essay exams |
| <input type="checkbox"/> Allowance to take breaks, as needed, during class. Please give reason. _____ | |

Accessible classroom furniture, such as adjustable tables or special seating. Please describe. _____

Absence leniency during periods of exacerbation, due to a compromised immune system, or for medical treatments. If recommending this accommodation, please specify the reason for absences and estimate the frequency of absences given the student's current condition. _____

Housing accommodations. Please list and give specific measurements, as needed. _____

- Referral for further assessment. Please indicate all that apply
- | | |
|----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alcohol and drug | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> AD/HD |
| <input type="checkbox"/> Learning Disability | |
- Other accommodations or referrals. Please list. _____

Evaluator Information

Evaluator Name: _____

Evaluator Title: _____

Evaluator Signature: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____