

MEDICAL DISABILITY DOCUMENTATION REQUEST FORM

In accordance with the Americans with Disabilities Act (ADA) of 1990 as amended, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the State of Maryland Laws Against Discrimination, Salisbury University (the “University”) provides reasonable accommodations to students with disabilities. In order to do so, students submit all accommodation requests to the University’s Office of Access & Accommodations (“OAA”).

Students requesting accommodations should submit documentation that clearly demonstrates that (1) the student has a physical or mental impairment, and (2) the impairment prevents the normal exercise of any bodily or mental functions (or can be shown to exist through accepted clinical or laboratory diagnostic tests), as compared to most people in the general population. A diagnosis of a disorder, or submission of an evaluation, does not automatically qualify an individual for accommodations.

This **Medical Disability Documentation Request Form** requests information necessary to determine the impact of a medical disability on the student’s ability to participate in the University’s educational programs and to validate the need for accommodation(s). A treating certified medical professional **must** complete this form or provide equivalent information on professional letterhead. A qualified professional is defined as an individual who is licensed or is a formally recognized expert in the medical, psychological, and/or educational field with the authority to make diagnoses and/or recommendations in their specific field of practice. Accommodations are determined through an interactive process that includes an intake interview.

The Family Educational Rights and Privacy Act of 1974 (“FERPA”), 20 U.S.C. §1232g et seq., is a federal law that protects the privacy of student education records, which includes OAA records. FERPA regulations may be found at 34 C.F.R. 99.31. The University may not disclose FERPA protected information without the prior consent of its student or former student whose records would be disclosed unless a valid exception exists under FERPA. An unauthorized disclosure of information related to an individual’s disability is unlawful and may result in civil damages and/or criminal penalties. An unauthorized disclosure of information related to an individual’s disability is unlawful and may result in civil damages and/or criminal penalties.

Upon completion, please either fax or email to the OAA:

Salisbury University

Office of Access & Accommodations

Fax: 410-543-6088; or

Email: accommodations@salisbury.edu

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a disability exists, and the disability substantially limits one or more major life activities.

PART A- TO BE COMPLETED BY THE STUDENT:

1. Printed Full Name of Student: _____
2. Student Date of Birth: _____
3. Student Signature/Date: _____

PART B- TO BE COMPLETED BY THE CERTIFYING PROFESSIONAL:

4. ICD 10 or DSM-5 Diagnoses:

5. Diagnosis date: _____
6. Date of onset: _____

7. Symptom and treatment history:

8. Is the student currently in treatment with you? Yes _____ No _____

9. If Yes above, what is the visit frequency? _____ Date of last visit _____

10. Current symptoms (indicate severity: Substantial (S), Moderate (M), Mild (MI), Remission (R):

11. Current treatment plan:

12. Prognosis (please give anticipated progression, duration, stability)

13. Currently prescribed medications and any side effects impacting student:

14. Are there any coexisting conditions, including other disabilities, or medication side effects that should be considered when providing accommodations, if approved?

15. Please provide detail on the functional impact on ability to complete course work or other program requirements as well as activities outside of the classroom.

16. Please provide your recommendations for accommodations to support the student, and include your rationale for those recommendations. *See Commonly Requested Accommodations sheet attached.* Please use additional paper if needed.

15. Please attach copies of notes/testing reports/other relevant information if available:

- ☐ Interview with the person him/herself
- ☐ Interview with other persons
- ☐ Behavioral history
- ☐ Developmental history
- ☐ Neuro-psychological testing
- ☐ Psycho-educational testing
- ☐ Educational testing
- ☐ Medical history
- ☐ Educational history
- ☐ Other (specify): _____

16. Please check below the major college life activities that are affected to a substantial degree because of the disability:

- ☐ Classroom group functioning
- ☐ Focusing or concentrating
- ☐ Social interactions
- ☐ Writing
- ☐ Managing deadlines
- ☐ Test-taking
- ☐ Eating
- ☐ Learning
- ☐ Other (specify): _____

- ☐ Organization
- ☐ Regular class attendance
- ☐ Reading
- ☐ Regular class attendance
- ☐ Stress Management
- ☐ Memory
- ☐ Sleeping

CERTIFYING PROFESSIONAL:

Printed Name/Degree/License Number

Field of Practice

Full Address

Telephone/ Fax/Email

I certify that the student named above has given me permission to release all information contained on this form for the purpose of considering eligibility for accommodations, modification or adjustments based on disability.

Signature/Date

COMONLY REQUESTED ACCOMMODATIONS

Common Testing Accommodations

- Extended time to complete tests, quizzes, and other timed assessments
- Alternative testing environment (reduced distractions)
- Alternate testing format (e.g., no scantron, braille, reader, scribe)
- Basic function calculator, when calculating skills are not being assessed
- Enlarged print font

Common Classroom Accommodations

- Preferential seating (e.g., near exit, near professor)
- Recording course lectures, when appropriate
- Books in alternative format (audio books)
- Software/hardware (e.g, use of tablet, smart pen, adaptive/assistive technology)
- Modified attendance policy
- Closed-captioned films/videos
- Interpreter services (e.g., sign language)
- Magnification devices
- Accessible desks/table

Other Accommodations

- Housing-related requests
- Dining-related requests (e. g., food allergies)

All reasonable, justified requests for accommodations made by a qualified healthcare or mental health professional will be considered by the Disability Resource Center.