

Connecticut College
Office of Student Accessibility Services
Documentation Guidelines

Physical, Mobility, and Chronic Health-Related Disabilities

Important note to students who were on an IEP or 504 in high school:

*Please note that there are differences between the laws that govern accommodations in K-12 Education, which emphasize student success, and those that apply to postsecondary education, which emphasize equal access to educational opportunities. Because of these differences, you may not qualify for the same accommodations you received in the past in a different educational setting. Additionally, because of these differences, **an Individualized Education Plan (IEP) or 504 Plan are not sufficient documentation of a disability or the need for accommodations in higher education.***

Students requesting accommodations, auxiliary aids, and services based on a diagnosis of physical, mobility, or health-related condition must submit current, detailed documentation **from an appropriately qualified a licensed health care professional who is:**

- Qualified to diagnosis the disability
- Currently or recently associated with the student in a health care professional/patient relationship
- Familiar with the challenges and functional requirements of a college environment that may be impacted by the condition
- An impartial evaluator or diagnostician who is **not** a family member nor in a dual relationship with the student
- Qualified to verify the presence of a condition that rises to the level of a disability and confirms the need for reasonable accommodations based on the diagnosed condition

1. The evaluating professional will need to provide a Diagnostic Report:

- Typed on letterhead
- Includes the date(s) of assessment and date of report
- Signature of the evaluating professional, their name, title, and professional credentials
- Include a clearly stated DSM-V or ICD-11 diagnosis and date of diagnosis

2. The Diagnostic Report must also include the information listed below:

- **Diagnosis:** The diagnosis must reflect the student's present and projected level of functioning in the major life activity affected by the disability, and include recommendations for accommodations.
- **Assessment**
 - A summary of assessment procedures & evaluation instruments used to make the diagnosis
 - A summary of present conditions and the date of the most recent evaluation
 - Description of current as well as residual symptoms, including their frequency, intensity, duration in various settings and activities
 - Detailed medical information in narrative form relating to the individual's history of presenting symptoms (date and cause of injury)
 - Chronic health conditions that impact cognitive functioning (e.g. Lyme Disease) require a neuropsychological evaluation for academic accommodations**
- **Current Status:** The evaluation must contain information about the assessment procedures and evaluation instruments that were used to make the diagnosis. The evaluation should address the following:
 - Information regarding the nature and cause of the condition, including age/time of onset
 - The expected duration, stability, or progression of the condition
 - The level of need for the requested accommodation and a clear connection between the diagnosis, the impact of the condition, and the recommended accommodation
- **Impact or functional limitation**
 - Current, functional limitations of the condition in an academic setting
- **Treatment/Therapy**
 - Information regarding current treatment
 - Medications being used and side effects of medications
 - Accommodations/auxiliary aids, and services currently prescribed or used to minimize the impact of the condition
- **Suggestions or recommendations:** The evaluation should include recommendations for reasonable accommodations that might be appropriate at the postsecondary level. These recommendations should be directly supported by the diagnosis and the significant impact/functional limitations of the disorder.

*****Alternative to Report:** Thoroughly complete the [Medical or Psychiatric Disability Form](#) and attach relevant test results.***

