

Student Accessibility Services (SAS) provides support services for students with documented disabilities. SAS utilizes an interactive, case-by-case approach when determining eligibility for services and reasonable accommodations. Students requesting accommodations from SAS may be required to provide documentation regarding their specific disability.

This form provides one option for students to provide documentation. Students may also submit a detailed letter from their provider, an Individualized Education Plan (IEP) or 504 along with a Multi-Factored Evaluation (MFE) or Evaluation Team Report (ETR). Students with questions about documentation can read more at <https://www.kent.edu/trumbull/disability-documentation-guidelines-0> or can contact SAS with specific questions.

Please note the following:

- A. The person completing the Disability Documentation Form should be a healthcare professional who is either (1) qualified to assess and diagnose the student's condition, and/or (2) is a part of the student's treatment plan for a previously diagnosed condition. These professionals are generally trained, certified, or licensed to diagnose and/or treat medical or psychological conditions. Examples include: psychiatrist, psychologist, therapist, social worker, medical doctor, optometrist, speech-language pathologist.
- B. Please complete all parts of this form as thoroughly as possible. Incomplete or illegible forms may require follow-up and could delay the student's eligibility process. A fillable PDF of this form is available on our website at <https://www.kent.edu/trumbull/student-accessibility-service>.
- C. Providers may attach additional documents to provide other information that could be relevant to determining reasonable academic accommodations.
- D. The information you provide will be kept securely in the student's confidential file at Student Accessibility Services. This form may be released to the student upon request under FERPA guidelines.

When complete, return this form to the student to be submitted with their Access KSU application. You may also submit this form to Kent State University Student Accessibility Services at Trumbull directly by email at [eshively@kent.edu](mailto:eshively@kent.edu) or by fax at 330-675-8825.

**STUDENT INFORMATION**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Kent State Email: \_\_\_\_\_

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**DISABILITY INFORMATION**

This form must be completed by a clinician who is licensed to diagnose and treat the student's conditions.

**Student's disability diagnosis (List all that apply):**

\_\_\_\_\_

**Date of Diagnosis:** \_\_\_\_\_ **Date of last contact with student:** \_\_\_\_\_

**Level of severity:**                      Mild                                      Moderate                                      Severe

**Duration:**      Permanent                      Temporary                      (specify length of time) \_\_\_\_\_

**How often does this disability impact the student?**

                    Daily                      Weekly                      Monthly                      Occasionally

**How will this diagnosis impact the student in the postsecondary environment? Consider all aspects of living and learning on a college campus.**

**What is the current treatment plan for this student? Include any applicable side effects or limitations of treatment.**

**What accommodations or support systems do you suggest for this student?**

**What other information do you think we should know to determine appropriate accommodations for this student?**

### **HEALTHCARE PROVIDER INFORMATION**

I attest to the accuracy of the information contained in this document. Additionally, I understand that the information provided in this document will become a part of the student's record subject to the Family Educational Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request.

Provider Name (PRINT): \_\_\_\_\_

Title: \_\_\_\_\_ License or Certification # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

**Please mail, fax or email this completed form to: Student Accessibility Services at Trumbull**  
4314 Mahoning Avenue NW · Warren, OH 44483  
**Phone:** 330 675-8932 · **Fax:** 330 675-8825 · **Email:** [eshively@kent.edu](mailto:eshively@kent.edu)