KENT STATE UNIVERSITY

Student Accessibility Services (SAS) - Disability Documentation Form

Student Accessibility Services (SAS) provides support services for students with diagnosed 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 documentation should demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (and the ADA As Amended in 2008). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

Appropriate documentation should include, but is not limited to, the following:

1. **Completed by a licensed professional and/or properly credentialed professional** (e.g. medical doctor, psychiatrist, psychologist, counselor, speech-language pathologist, etc.). SAS does not accept documentation completed by diagnosing /treating professionals related to the student requesting accommodations.
2. **All parts of the disability verification form should be completed as thoroughly as possible**. Where appropriate, summary and data from specific test results should be attached. If a comprehensive diagnostic report is available that provides the requested information it can be submitted in lieu of the disability verification form.
3. **A learning disability assessment should include (a) a measure of cognitive aptitude and (b) a measure of achievement in reading, math and/or written language.** Data should be based on age norms and reported as standard scores and percentiles.
4. **The information provided on the disability documentation form is maintained by SAS according to the guidelines of the Family Education Rights and Privacy Act (FERPA) of 1974**. This information may be released to the student upon their written request.

Please note, an Individual Education Plan (IEP), a 504 Plan, or a Summary of Performance, while helpful in establishing a record of supported accommodations, may not be enough in and of themselves to establish the presence of a disability at the postsecondary level.

Please contact Student Accessibility Services at (330) 244-5047 with questions. Thank you for your assistance.

Student Accessibility Services · Campus Center 11 · 6000 Frank Avenue NW · North Canton, OH 44720
Phone: 330-244-5047 · Fax: 330-244-3283
Email: starksas@kent.edu · Web: http://www.kent.edu/stark/student-accessibility-services

STUDENT INFORMATION
(to be completed by student)

First Name: _____ Last Name: _____

Status (Check one) ☐ Current Student ☐ Transfer Student ☐ Prospective Student

Phone: (_____) _____ - _____ Email: _____

I authorize the following individual or organization to release the information included in this document to Student Accessibility Services at Kent State University:

Name/Title: _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Student Signature: _____ Date: _____

DIAGNOSTIC INFORMATION
(to be completed by medical practitioner/specialist)

1. Please specify the specific diagnosis(es)/disability. For psychological disabilities, please indicate both the name of the diagnosis, and the diagnostic taxonomy that was used.

_____

_____

Diagnostic taxonomy used: DSM (IV-TR or 5) ☐ CD (9 or 10) ☐

If applicable, please rate the level of severity of the student's diagnosis?

Mild ☐ Moderate ☐ Severe ☐

Duration of condition: ☐ Permanent ☐ Temporary (specify length of time):_____

Date of Diagnosis: _____ Date of last contact with student: _____

2. How did you arrive at your diagnosis? Please check all relevant items below. If applicable, please attach the diagnostic reports and/or test results administered to determine diagnosis.

☐ Behavioral Observation/Development History

☐ Medical History

☐ Rating scales (e.g. CAARS, Brown ADD Scales for Adults)

☐ Other (please specify): _____

☐ Neuro-Psychological Testing, Date(s) of Testing _____

☐ Psycho-Educational Testing, Date(s) of Testing _____

☐ Structured/unstructured student interviews _____

3. Please indicate the level of impact the student's disability may have in limiting the following major life activities:

Life Activity	No Impact	Negligible Impact	Moderate Impact	Substantial Impact	N/A
Attending class regularly					
Caring for oneself					
Communicating					
Concentrating					
Hearing					
Interacting with others					
Learning					
Making/keeping appointments					
Managing distractions					
Managing stress					
Meeting deadlines					
Memorizing					
Organization					
Performing manual tasks					
Reading					
Seeing					
Sleeping					
Thinking					
Writing					
Other:					

4. For the major life activities checked on the opposite page, please provide an explanation of the functional impact of the limitation in an academic setting.

5. If applicable, please describe the relevant history of remediation (e.g. current medications, side effects of medications, other treatment plans and their effectiveness).

6. Please list any recommendations for accommodations you have for this student in an academic setting, if applicable. (Please note, recommendations will be considered in the interactive process, however final decisions will be determined by SAS staff.)

7. Please provide any additional information that you think would be useful to know in working with 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): _____

Provider Signature: _____ Date: _____

Title: _____

License or Certification #_____ National Provider Identifier (NPI): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Please mail, fax or email this completed form to:

Student Accessibility Services · Campus Center 11 · 6000 Frank Avenue, NW · North Canton, OH 44720
Phone: 330-244-5047 · **Fax**: 330-244-3283
Email: starksas@kent.edu · **Web**: http:/www.kent.edu/stark/student-accessibility-services