

AUTISM SPECTRUM DISORDER DOCUMENTATION GUIDELINES
DISABILITY PROVIDER FORM

Your patient/client has requested accommodations through the Academic Success Office at Presbyterian College. The Academic Success Office coordinates the collection and review of documentation in conjunction with the Coordinator, Disability Support Services to provide reasonable accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008, as well as other applicable state and federal laws.

Student's Name _____

Student's Date of Birth _____

Date of Last Visit/Consultation _____

Autism Spectrum Disorders (ASD) are characterized by:

- Persistent deficits in social communication and social interaction across multiple contexts;
- Restricted, repetitive patterns of behavior, interests, or activities;
- Symptoms must be present in the early developmental period (typically recognized in the first two years of life) and,
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

The term "spectrum" refers to the wide range of symptoms, skills, and levels of impairment or disability that individuals with ASD can have. Some individuals are mildly impaired by their symptoms, while others are severely impaired.

In order to be considered eligible for reasonable accommodations relating to an ASD, the following documentation is required: current medical documentation provided by a qualified professional such as a licensed physician, psychiatrist, licensed psychologist, clinical social worker, or other mental health professional which has been provided **within three calendar years of the student's date of enrollment in Presbyterian College.**

NOTE to PROVIDERS: Please submit this completed form along with a full description of the diagnostic methodology used, including data and measurements from appropriate evaluation instruments. The results obtained should draw a direct link to the diagnosis and the functional limitations of the disability. For cognitive disorders, evaluations should use adult norms. Complete documentation is important. Inadequate information, incomplete answers and /or illegible handwriting may delay the eligibility review process for students.

1. Please cite the student's diagnosis:

DX: _____

Diagnostic code: _____ From: DSM-V IDC-10

Additional specifiers (if applicable) _____

Indicate severity level for the diagnosis using the DSM-V criteria: Level 1 Level 2 Level 3

Comments (if necessary): _____

2. How does diagnosis/disability currently impact functioning, and how does it cause substantial limitation in the academic setting?

3. Date of diagnosis: _____

4. Was the diagnosis made by you? _____ **Yes** _____ **No, DX made by:**

5. Number of consultations with you in the past 3 years: _____

6. Date of your most recent evaluation: _____

7. Length of time under your care: _____

8. Currently under your care? _____ **Yes** _____ **No, care ended on:** _____

9. Please describe in detail the symptoms currently experienced by the student.

10. If applicable, indicate any medications currently prescribed which may impact the student's functioning, including any impact produced by side effects.

11. Please indicate recommendations regarding accommodations for this student and the rationale as to why these accommodations are needed based on the student's limitations. Clearly indicate the accommodations you are recommending.

12. Please indicate the student's current coping strategies:

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Provider's Signature _____ Date _____

License/Certification # _____ State _____

Name/Title: _____

Address: _____

Phone: _____

Email: _____

DOCUMENTATION MAY BE SENT TO:

Presbyterian College

Academic Success Office/Accommodations

503 S. Broad Street

Clinton, SC 29325

Email: accommodations@presby.edu