

COLLEGE HOUSING DOCUMENTATION GUIDELINES
DISABILITY PROVIDER FORM

Presbyterian College is committed to the full participation of students with disabilities in all aspects of college life. As a four-year residential college, learning to live in a community and share space with others is an integral part of our students' educational experience.

A standard housing assignment is a two-person sleeping room where bathroom facilities are located in either suite style adjacent to the room or located on the same floor. There are numerous campus locations that provide quiet spaces for studying including the library, which also provides a 24/7 access room to students. Accommodations in the residential buildings are *not* granted based on a desire for a quiet, undisturbed place to study, but rather when determined that a standard residential assignment is not a viable option for this student.

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 _____

In order to be considered eligible for reasonable accommodations, 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. Under the ADA, this student has a ... (*please select*) ____ **Disability** or ____ **Temporary Impairment**
2. Please cite the student's diagnosis/diagnoses:

DX #1: _____

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

Additional specifiers (if applicable) _____

Indicate if in: Partial Remission Full Remission Prior History Not Applicable

Comments (if necessary): _____

DX #2: _____

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

Additional specifiers (if applicable) _____

Indicate if in: Partial Remission Full Remission Prior History Not Applicable

Comments (if necessary): _____

DX #3: _____

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

Additional specifiers (if applicable) _____

Indicate if in: Partial Remission Full Remission Prior History Not Applicable

Comments (if necessary): _____

3. Please indicate the level of severity for each diagnosis using the scale below:

Mild- few if any symptoms present with minor impairments, may be distressing but manageable; symptoms confined to only one setting

Moderate- number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for "mild" and "severe"; symptoms are present in at least two settings; intermediate

Severe- many symptoms in excess/ several symptoms that are particularly severe with marked impairment, may be seriously distressing and unmanageable, symptoms markedly interfere with functioning; symptoms are present in three or more settings; chronic

DX #1: _____ DX #2: _____ DX #3: _____

4. Please indicate the approximate frequency of symptoms experienced:

_____ **Periodic** # of annual occurrences _____ x per month _____ most days

_____ **Seasonal** # of annual occurrences _____ x per week _____ daily

5. How long do symptoms persist? _____

6. Please indicate the major life activity(ies) that are substantially limited by the disability/impairment:

_____ walking _____ hearing _____ seeing _____ manual tasks

_____ reading _____ working _____ learning _____ breathing

_____ lifting _____ eating _____ sleeping _____ concentration

_____ speaking _____ thinking _____ standing _____ communicating

_____ bending _____ self-care _____ the operation of major bodily functions

_____ other: _____

7. Date of diagnosis/diagnoses: _____

8. Was/were the diagnosis/diagnoses made by you? _____ **Yes** _____ **No, DX made by:**

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

10. Date of your most recent evaluation: _____

11. Length of time under your care: _____

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

13. Medical/therapeutic equipment needed: _____

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

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

16. Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the residential living environment. (*Attachments welcome if additional space is needed.*)

17. Given the standard housing assignment and study locations explained on pg. 1, please describe and provide rationale for any modifications you are recommending to accommodate the student's disability.

18. Please also explain how the modifications you recommend would alleviate the functional limitations of the student's underlying condition.

19. If your recommendation is for the college to provide a single room accommodation, is this accommodation a medical necessity or simply beneficial? _____ **Medical necessity for student**
_____ **Beneficial for student**

20. Please indicate what you and the student have discussed regarding current coping strategies for college:

21. What are some possible alternatives if meeting your primary recommendation is not possible?

22. Accommodations for this student's disability are recommended...

___ For several months.... How many? ___ ___ For the duration of the student's time in college
___ For the next year only ___ Duration is unknown at this time

23. If you are recommending a single room, please indicate whether and how there are any risks associated with the student's isolation:

24. _____ I have attached supporting documentation for diagnosis/diagnoses. (See *Presbyterian College's Disability Provider Forms for Documentation.*)

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