

AUTISM SPECTRUM CONDITION/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 include High Functioning Autism and Asperger's Syndrome. These conditions are thought to be neuro-biological and developmental disabilities affecting many aspects of functionality. Specific functional limitations are unique in nature and vary from person to person.

In order to be considered eligible for reasonable accommodations relating to an Autism Spectrum Condition/Disorder, the following documentation is required: current medical documentation provided by a licensed physician 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. Diagnosis (Include date of diagnosis, ICD-10 codes)

2. Current Symptoms

3. Limitations caused by disability

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

5. 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.

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