

### Guidelines for Documenting Chronic Medical/Health Disabilities

These guidelines apply to students who have chronic disabilities in the following areas:

- **Mobility** - such as use of wheelchair, crutches, or cane, or impaired hand coordination
- **Systemic** - includes chronic illnesses or conditions such as diabetes and epilepsy
- **Acquired brain injury** - affecting processing speed, memory, communication, motor, sensory, physical, and/or psychosocial abilities.

Students requesting accommodations for a disability listed above are asked to submit documentation that meets the guidelines listed below. In addition, individuals with acquired brain injury may need to submit a psycho-educational test battery, as referenced in the documentation guidelines for learning disabilities.

**1.) A Qualified Evaluator.** Professionals conducting assessments, rendering a medical diagnosis, and making recommendations for appropriate accommodations must be qualified to do so. These are physicians, including licensed M.D.'s and D.O.'s. Documentation must meet the following criteria: The documentation must meet the following criteria:

- include evaluator's name, title, professional credentials, license and/or certification number,
- be presented on the professional's letterhead, typed, dated, signed, and legible,
- the evaluator may not be a family member.

**2.) Current Documentation.** Reasonable accommodations are based on the current impact of a disability. Therefore, it is critical that medical documentation describe an individual's current level of functioning and need for accommodations. A full report from a treating healthcare professional completed within the past twelve months is considered current, unless the condition is permanent/unchanging. The documentation may need to be updated annually so that we can best accommodate the student.

**3.) Comprehensive Evaluation.** Medical disabilities encompass a myriad of conditions. In addition, medical conditions are often changeable in nature, and sometimes difficult to categorize. Documentation must therefore be thorough, giving a full picture of the individual, not simply a diagnosis. A diagnosis alone is not a basis for accommodation. Documentation must include:

- Discussion of:
  - a history of presenting symptoms and relevant medical history
  - description of current impairment
  - a summary of assessment procedures and evaluation instruments/reports used o diagnosis duration and severity of the disorder o treatment and medication history, including medication side effects
  - if applicable, documentation of assistive devices and technology used, with estimated effectiveness; this would include a history of any disability-related accommodation(s)
  - status of the individual's condition - static, improving, or degrading o expected progression of the condition over time
- A **clear** diagnosis of medical disability must be rendered including:
  - **clear statement of** diagnosis, the subtype if applicable, with ICD-10 code
  - the diagnostic criteria on which the diagnosis is based
  - **CANNOT INCLUDE** wording such as "seems to indicate" or "suggests."

### Disability Services

- The current functional limitations – the ways that the diagnosed disability substantially limits the student in a major life activity – of the individual in an academic environment.
- Appropriate and specific recommendations for accommodation in an academic environment, accompanied by clear rationale supported by interview, observation, and/or testing.

**4.) Supporting Documentation.** While required, the report of the qualified evaluator is by no means the only documentation we can use to better understand and accommodate the student with a chronic medical disability. Other helpful documents are: records of accommodation on standardized tests such as SAT or ACT, high school 504 plans or IEP's.