

Medical Provider Form

Your patient/client has requested academic accommodations through the Disability Services Office at Occidental College. In order to provide reasonable accommodations, we require documentation of the specific functional limitations that result from the individual's disability. General statements about the disability do not help determine appropriate accommodations.

On your office's official letterhead, please respond in detail to the following questions and include your name, license number, contact information, address, signature, and date. We appreciate your assistance. If you have further questions, please contact the Disability Services Office at accessibility@oxy.edu.

1. What is the current DSM-5 classification that the student is diagnosed with? Does the student require ongoing treatment?
2. When was your first meeting and how long have you been treating the student?
3. What is the severity of the diagnosis? (Acute, episodic, chronic, remission)
4. Prognosis: How long do you anticipate this will impact the student's academic performance?
5. What assessment tools were used to arrive at the diagnosis? (Behavioral observations, rating scales, interviews, etc.)
6. When did you last interact with the student regarding their diagnosis?
7. Please share the frequency/duration/severity of the condition's impact on major daily life activities to the best of your knowledge. For comparison purposes, please use same age peers in a post-secondary setting. Major life activities may include: concentration, memorization, processing speed, organization, sustained reading and writing, walking, sleeping, eating, hygiene.

Accommodation Recommendations

A diagnosis does not, in and of itself, qualify a student for accommodations under the ADA.

Accommodations are not based on the student's diagnosis, but instead are designed to address the barrier(s) caused by any functional limitation(s) related to the condition. Accommodations are meant to allow for equal access to academic and university life for students with disabilities; they do not guarantee student success.

Please indicate your recommendations for accommodations within the post-secondary environment, as supported by the reported functional limitations and their impact on this student. If you are making recommendations, please include rationale for each recommendation based upon functional limitations.