



GUIDELINES FOR DOCUMENTATION

VERIFICATION OF A MEDICAL DISABILITY OR CHRONIC HEALTH CONDITION

The Center for Success (CFS) provides accommodations to students diagnosed with a disability that substantially impacts one or more major life functions. To determine eligibility for services and appropriate accommodations, current and comprehensive documentation of the disability from a licensed professional who is credentialed to perform such evaluation is required. Documentation should be submitted by an external, qualified provider, as documentation from the University Counseling Center typically cannot be used on its own to support an accommodation request. If you have any questions pertaining to documentation needs, feel free to contact the Accessibility Coordinator at (740) 284-5358 or email accessibility@franciscan.edu.

STUDENT INFORMATION: *** To be completed by the student ***

Full Legal Name: _____

Date of Birth: _____ Cell Phone: _____

FUS ID#: _____ FUS Email: _____@student.franciscan.edu

Address: _____

MEDICAL INFORMATION: *** To be completed by the diagnosing professional ***

The provider should refrain from restating the student's self-report (e.g., "student reports," "student endorses"); Accessibility Services requires objective diagnostic impressions. Note: Documentation based on a single encounter conducted solely to obtain a diagnosis may not provide enough information to establish a non-observable disability or an accommodation need and may require additional documentation.

1. What is the diagnosis, date of diagnosis, and your last contact with the student?

2. Describe the symptoms of the disabling condition.

3. What is the severity of the disabling condition? Mild Moderate Severe

4. What is the prognosis and/or expected duration of the disabling condition?

5. History of hospitalization:

6. Please describe the functional limitations of the disorder for this student in an educational setting and list any recommendations you have for academic accommodations.

7. Please describe the functional limitations of the disorder for this student in a residential setting and indicate what housing accommodations might mitigate the symptoms.

8. Is the student current taking medication(s) for the condition? If yes, please describe the side effects that impact the student's functioning (e.g., concentration, sleeping, recall ability, eating, etc.) Does the student have a prescribed treatment plan?

PROVIDER INFORMATION:

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____

Telephone: _____

Once completed, please return this form back to the student so that they may upload it with their Accessibility Services Application (found on the FUS website or on the Port). If you have questions regarding this form, please call Accessibility Services at 740-284-5358.