

University of Dubuque in conjunction with the State of Iowa laws: **FRAMEWORK FOR DOCUMENTING A DISABILITY.**

(Including but not limited to: ADD/ADHD / Learning Limitations / Physical Limitations / Prescribed Medications)

Form must be completed by a physician with recent documentation (within past 6 months) with, diagnosis and medication documentation and other requested information returned to University of Dubuque (UD) Medical Coordinator.

University of Dubuque Medical Coordinator will disperse the appropriate information to:

- 1) Disability Services Coordinator
- 2) For student-athletes, the information will be attached to your physical and placed in your medical file (certain medications may create a positive drug test)

ADA defines a disability as a substantial limitation of a major life function. Students requesting academic adjustments, accommodations, or auxiliary aids from the Disability Services Coordinator at University of Dubuque are required to submit documentation of their disability to verify eligibility under the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and University of Dubuque policies. We suggest that students initiate a request for reasonable accommodations once their admission is confirmed by following these steps:

Three Major Steps to Requesting Accommodations:

1. Submit documentation. The student must schedule an intake appointment with the Disability Services Coordinator to discuss available support services and the process for requesting accommodations and/or classroom adjustments. In order to fully evaluate requests for accommodations or auxiliary aids, University of Dubuque will need documentation of the disability that consists of an evaluation by an appropriate professional which describes the **current** impact of the disability as it relates to the accommodation requested. (Professionals may do so by filling out this form).
2. Request service at the intake appointment. Submission of documentation is not the same as the request for services.
3. Participate in the determination of reasonable and appropriate accommodation(s).

DOCUMENTATION SHOULD INCLUDE (AS APPROPRIATE TO THE DISABILITY):

The review process includes an examination of the presented documentation to determine the functional limitation resulting from the disability and how that limitation impacts the goals and standards of the program or course.

Provisional accommodations might be offered in the interim, but a final determination of accommodations will not be made until the student's documentation is complete.

The following guidelines were developed to assist students in obtaining the information needed to evaluate their accommodation request:

1. **A diagnostic statement** identifying the disability, date of the current diagnostic evaluation, and date of the original diagnosis. The diagnostic systems used by the Department of Education, The Area Education Agencies, The State Department of Rehabilitative Services, or other State agencies and/or the current editions of either the Diagnostic Statistical Manual of the American Psychiatric Association (DSM-IV-TR) or the International Statistical Classification of Diseases and Related Health Problems of the World Health Organization (ICD) are the recommended diagnostic taxonomies.
2. **A diagnostic criteria and or diagnostic test used.** This description should include the specific results of diagnostic procedures, diagnostic tests utilized, and when it was administered. Diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process.
3. **A description of the current functional impact of the disability.** The current functional impact on physical, perceptual, cognitive, and behavioral abilities should be described either explicitly or through the provision of specific results from the diagnostic procedures. Currency will be evaluated based on the typical progression of the disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact functioning, and the applicability of the information to the current context of the request for accommodations.
4. **A description of current treatments, medications, assistive devices/services.** A history of treatments, medications, assistive devices, accommodations, and/or assistive services to include statements about the effectiveness in minimizing the impact of the disability is required. Significant and potential side effects that may impact physical, perceptual, behavioral, or cognitive performance should also be noted.
5. **A description of the expected progression or stability of the impact of the disability over time.** This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable needs for reevaluation.
6. **Recommendations for accommodations.** Depending on the impact of the condition on the individual, this statement should include suggestions or recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services that can help to provide full access. As appropriate, recommendations for collateral medical, psychological, and/or educational support services or training that would be beneficial may also be included.
7. **Recommendations from professionals with a history of working with the individual** provide valuable information for the review process. They will be included in the evaluation of requests for accommodation and/or auxiliary aids. Where such recommendations are congruent with the programs, services, and benefits offered by the University they will be given deference. When recommendations go beyond services and benefits that can be provided by the University they may be used to suggest potential referrals to area service providers beyond the University.
8. **The credentials of the diagnosing professional(s).** Information describing the certification, licensure, and/or the professional training of individuals conducting the evaluation should be provided.

Questions may be addressed to the Disability Services Coordinator at (563) 589-3757 or MKRuiz@dbq.edu

Sources of Information:

- For high school students who received or are currently receiving special education services, the information requested **may** be contained in the assessment or in the high school records. Seldom would the IEP contain all the information necessary to determine eligibility or need. Because this information is not part of the general academic record, students must specifically request this information from their high school.
- Individuals receiving vocational rehabilitation services (a service in each state, e.g., "Iowa Vocational Rehabilitation Services") may have needed information contained in the eligibility evaluation and/or their vocational plan.
- Information relating to the disability is not part of the academic record and will not be sent with a transcript request. Consequently, students transferring to UD from another college must request that the history of their accommodations and a copy of their documentation be sent from the transferring college's disability office to the disability office at their new school. Student may need to sign a release for their records to be transferred.
- Iowa State Framework for Documenting a Disability <http://www2.ed.gov/about/offices/list/ocr/transition.html>

If individual is planning to participate in intercollegiate athletics:

Effective August 2009 there will be a stricter application of the NCAA Medical Exception policy and specifically for the use of banned stimulant medications to treat Attention Deficit Hyperactivity Disorder (ADHD). Any student-athlete who tests positive from the effective date will need to comply with the stricter application. This stricter application will require documentation that demonstrates the student-athlete has undergone a clinical assessment to diagnose ADHD, is being monitored routinely for use of the stimulant medication, and has a current prescription on file, in order to be approved for a medical exception to the banned drug policy. This documentation should be kept on file at the institution and produced in the event the student-athlete tests positive for the banned medication. All HIPAA requirements should be met for the transmission of this medical information.

The guideline is now posted at <http://www.ncaa.org/health-and-safety>

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(Including but not limited to: ADD / ADHD / Learning Limitations / Physical Limitations / Prescribed Medications)

**SUPPORT FOR ACCOMMODATION REQUEST
SUPPORT FOR JUSTIFICATION OF MEDICATIONS**

BY COMPLETING THIS INFORMATION I GIVE PERMISSION FOR THIS INFORMATION TO BE SHARED WITH THE UD MEDICAL COORDINATOR/HEALTH SERVICE AND DISABILITY SERVICES COORDINATOR.

L Name: _____ F Name: _____ DOB: _____ Course of Study _____

Signature _____ Date: _____

If under 18 years old of age, parent / guardian's signature _____ Date: _____

In order to receive academic accommodations, the information below must be completed by a physician, diagnostician, or licensed psychologist, with recent diagnosis, updated medication documentation, and other requested information and returned to UD Medical Coordinator. This will also be supporting documentation for student-athletes for medicines prescribed which may produce a positive drug test.

The Medical Coordinator will disperse the appropriate information to:

- 1) Disability Services Coordinator
- 2) If you are a student-athlete, form will be attached to your physical and placed in your medical file.

To be completed in full by a Licensed Medical Physician, Diagnostician, or Licensed Psychologist or Psychiatrist (a formal letter may be attached if greater detail is needed)

Date of current diagnosis/evaluation:

Onset of diagnosis date of prev.evaluation:

Diagnostic statement: _____

DSM-IV Diagnosis: _____

Description of the diagnostic criteria and/or diagnostic test/instruments used: _____

Diagnostic test scores if available: _____

Description of the current functional impact of the disability: _____

Treatments, medications, assistive devices/services currently prescribed or in use: _____

Expected Progression or stability of the impact of the disability: _____

History of accommodations (e.g., 504 or IEP included: extended time on exams, alternative text, tests read aloud, copies of notes, etc.): _____

Recommended accommodations: _____

*****Stamp and Sign Below*****

Please print: Name of person completing this form (Title/Role) _____ Phone # _____

Signature _____ Date _____ Organization and Address _____

Name of Diagnostician (Degree/Credentials/Licensure) _____

*This form will be used in consideration for academic accommodation requests; additional information may be needed to make adequate determination.
*See other side for details