

OPTIONAL FORM: Documenting Disability
Disability Resource Center University of
Arizona

Dear Evaluator,

_____ is registering with the Disability Resource Center (DRC) at The University of Arizona and requesting your assistance in documenting the educational impact of his or her disability.

Documentation of disability provides a valuable tool in identifying strategies, including reasonable accommodations that will facilitate access to courses, programs and services at the University. DRC staff will use the information you provide to augment conversations with this student, establish the presence of a disability and support the reasonableness of requested accommodations. Therefore, the more complete the information you can provide, the more helpful it will be to this student.

While the University does not require specific tests or language to document a disability, following these guidelines will make the information you provide most useful in collaborating with the student to ensure an accessible academic experience:

1. Use direct language when indicating a diagnosis.
 - Avoid terms such as "appears", "suggests" or "is indicative of"
 - Avoid terms such as "learning styles", "learning differences", "academic problems", and "test difficulty/anxiety" which are not recognized as "disabilities"
2. Before making a diagnosis, rule out emotional, attention, or motivational problems that might interfere with academic performance but do not constitute a disability.
3. Recognize that accommodations are determined situationally
 - Providing information on previous accommodations is helpful in understanding the student's history and will be used in discussions with the student to determine strategies for facilitating access.
 - Accommodations that were appropriate in previous settings may not be reasonable at the University or in specific courses or programs
4. Provide as much detail from psycho-educational tests as possible
 - Attach specific test and subtest scores
 - Specific scores are often important in understanding the relationship between the disability and the requested accommodation. This is especially true in a request for substitution of specific courses.
 - DRC staff may contact you for additional information or request re-assessment as necessary to support requested accommodations.

The information you provide will become part of the student's educational records and will be kept in the student's confidential file at the DRC. Feel free to contact DRC at 520-621-3268 with questions or for additional guidance.

After completing this form, please mail or FAX it to:

University of Arizona
Disability Resource Center
1224 E. Lowell St.
Tucson, AZ 85721

FAX 520-621-9423

Today's Date: _____

Student Name: _____ DOB: _____

Student Phone #: _____

Student e-mail address: _____

1. Indicate the student's disability diagnosis.

2. On what date did you make this diagnosis: _____

3. How did you arrive at this diagnosis? Please provide detail which will assist in educational discussions and identification of reasonable accommodations.

- Indicate which of the following were a part of your diagnostic process:

_____ Structured or unstructured interviews with the student

_____ Interviews with other persons

_____ Behavioral observations

_____ Developmental history

_____ Educational history

_____ Medical history

_____ Psycho-educational testing: Date(s) of testing: _____

_____ Standardized or un-standardized rating scales

4. Provide information on how the disability may impact the student in an academic setting.

5. If this student is taking medication(s) for his or her disability, describe the medication(s), prescription date(s), effects on academic work, and side effects.

6. Do you describe this student's disability as stable, variable or progressive?

- If unstable, describe situations or environmental conditions that might lead to an exacerbation?

7. Provide any additional information you believe would be helpful to the student in pursuing higher education. Please attach additional pages as necessary and including results of pertinent psycho-educational assessments.

Signature of Professional

Date

Printed Name

Title License No.

Contact Information:

Address: _____

Phone #: _____

Fax #: _____

Email: _____