



FORT HAYS STATE  
UNIVERSITY

## **STUDENT ACCESSIBILITY SERVICES**

### **DOCUMENTATION GUIDELINES FOR REQUESTING DISABILITY-RELATED ACCOMMODATIONS Psychological Disabilities**

Student Accessibility Services (SAS) provides reasonable accommodations to students with documented disabilities to ensure equal access to educational programs and services at Fort Hays State University (FHSU). Reasonable accommodations are determined in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended by the Americans with Disabilities Act Amendments Act of 2008. Under the law, a disability is defined as an impairment that substantially limits one or more major life functions. To request accommodations, students must register with SAS, which includes providing clinical documentation that meets the guidelines below.

To verify the disability and its severity, and to determine appropriate accommodations, SAS reviews clinical documentation, the student's self-report, and the program requirements for which the student is enrolled. All documentation is reviewed on a case-by-case basis, and accommodations are determined through an interactive process. Submitting evidence of a diagnosis alone may not meet the standard of a disabling condition or be sufficient to warrant accommodations. All accommodation recommendations must be logically related to the student's functional limitations based on evidence from the clinical evaluation.

#### **Professionals Who Can Provide Clinical Documentation**

- Professionals with comprehensive training and experience in the relevant specialty and hold appropriate licensure and/or certification. Appropriately qualified professionals typically include psychologists, neuropsychologists, psychiatrists, psychiatric nurse practitioners, clinical social workers, and other licensed mental health clinicians
- The provider must be familiar with the history and functional limitations of the student's condition and provide detailed information about the substantial nature and level of the impairment and its impact on major life functions
- The documentation provided cannot be from a family member or someone with a personal relationship with the student or student's family

#### **Recency of Documentation**

- Documentation must reflect the status of the student's current functional limitations
- Due to the fluctuation in symptoms of many psychological diagnoses, it is essential that a student provide recent and appropriate documentation from a professional that is no more than six

months old. Although some diagnoses may not fluctuate over time, the impact may change across settings

The nature of the diagnosis will inform SAS's decision to request updated documentation throughout the student's enrollment at FHSU. Due to the cyclical or episodic nature of some psychological diagnoses, more frequent updates of documentation may be requested in order to provide an accurate representation. SAS reserves the right to request updated documentation and/or additional documentation to support specific accommodations.

### Documentation Guidelines

Documentation must be in English, typed on official letterhead, dated and signed with the credentials of the professional providing documentation. Documentation must also include:

- A specific diagnosis, date of onset, including present symptoms, their duration, and severity (DSM-5/ICD diagnosis text and code)
  - If condition is comorbid with one or more other condition/s, include additional diagnoses, including present symptoms, their duration, and severity
  - Is this diagnosis chronic? If not, length of anticipated recovery
- Description of the diagnostic criteria that the student meets and summary of the observations/results
  - Include any relevant objective measure results
- Description of the symptoms' impact on the student's major life functions in an educational and/or residential environment
- Description of any history that is relevant to the student's current functioning and presenting symptoms
- Description of both current and relevant past treatment plans, including any relevant medications, therapeutic interventions, and their effects
- The rationale for recommended accommodation(s) that is logically related to the functional limitation(s), based on evidence from the clinical evaluation
- Duration the student has been under the clinician's care and date of last contact
- Date the provider suggests reevaluation

If the documentation submitted does not contain sufficient information to determine appropriate accommodations, the student will be contacted.

### Functional Impact Form

Student Name: \_\_\_\_\_ FHSU#: \_\_\_\_\_ DOB: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Title: \_\_\_\_\_

Credentials: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_

Date diagnosed: \_\_\_\_\_ Last contact: \_\_\_\_\_

Duration of time student has been under the clinician's care: \_\_\_\_\_

Is the diagnosis chronic? If not, date of anticipated recovery: \_\_\_\_\_

2. Description of the diagnostic criteria and the summary of the observations/results. Attach any relevant objective measure results.

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3. Provide detailed information regarding the student's diagnosis, date of onset, including present symptoms, the duration, and severity, its substantial impact on major life functions including present symptoms and the symptoms' duration, severity and substantial impact and anticipated fluctuation of the symptoms over time.

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4. Describe any history that is relevant to the student's current functioning.

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5. Describe both current and relevant past treatment plans, including any relevant medications, therapeutic interventions, and their effects.

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6. Describe the symptoms’ impact on the student’s major life functions in an educational and/or residential environment.

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7. The rationale for recommended accommodation(s) that is logically related to the functional limitation(s), based on evidence from the clinical evaluation.

Recommended Accommodation	Rationale

8. (Optional) Please provide any additional information or recommendations you feel will be useful in determining reasonable accommodations.

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Date provider suggests reevaluation: \_\_\_\_\_

Final decision of appropriate accommodations will be determined by Student Accessibility Services.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach any test reports or other relevant information and return to SAS.**