



Student Accessibility Services Provider Form for Requesting Disability-Related Accommodations

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) 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.

Students may submit their Individualized Educational Program (IEP), 504 plans, and/or history of services previously received as supplemental information; however, these documents alone may not be sufficient for documentation purposes.

Professionals Who Can Provide Clinical Documentation

- Professionals with comprehensive training and experience in the relevant specialty who hold appropriate licensure and/or certification. Appropriately qualified professionals typically include psychologists, neuropsychologists, school psychologists, and neurologists.
- 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 as well as the impairment's impact on major life functions.
- The documentation provided cannot be from a family member or someone with a personal relationship with the student or the student's family.

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, and present symptoms including their duration and severity
- Measures used to determine diagnosis (including any relevant objective measure results). The clinician must provide evidence that this diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of clinically significant impairment.
- Description of the student's presenting impairment and its substantial impact on major life functions in an educational setting and/or residential environment
- A description of any history that is relevant to the student's current functioning
- Description of both current and relevant past treatment plans, including any relevant medications and their effects
- Rationale for recommended accommodation(s) that is logically related to 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

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

Recency of Documentation

- Documentation must reflect the status of the student's current functional limitations.
- Diagnoses with no anticipated fluctuation of functional limitation require a recent report written in the past two years.
- Diagnoses that may change or are considered episodic require a recent report written in the past six months.

The nature of the diagnosis will inform SAS's decision to request updated documentation throughout the student's enrollment at FHSU. SAS reserves the right to request updated documentation and/or additional documentation to support specific accommodations.

Functional Impact Form**Student Information**

Name: FHSU ID: Date of Birth:

Provider Information

Name: Title:
Credentials: License Number:
Address: City: State: Zip:
Phone: Email:

Type of Disability

- ☐ Severe/Chronic Medical
☐ Psychological
☐ Neurodevelopmental
☐ Sensory Impairment
☐ Other

Diagnosis and Recommendations

Diagnosis:

Date Diagnosed: Last Contact:

Duration of Time Student Has Been Under the Clinician's Care:

Is the diagnosis changing or unchanging?

If changing, describe the anticipated projection:

If applicable, what is the length of the anticipated recovery?

Provide detailed information regarding the student's diagnosis, including present symptoms and severity, as well as the symptoms' substantial impact on major life functions in an educational environment.

Measures used to determine diagnosis (attach any relevant objective measure results).

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

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

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

Recommended Accommodation:

Rationale:

Recommended Accommodation:

Rationale:

Recommended Accommodation:

Rationale:

Recommended Accommodation:

Rationale:

Recommended Accommodation:

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Recommended Accommodation:

Rationale:

Recommended Accommodation:

Rationale:

Recommended Accommodation:

Rationale:

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

Date provider suggests reevaluation:

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

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

Signature of Provider:

Date: