

## ACCESSIBLE EDUCATION SERVICES - DOCUMENTATION QUESTIONNAIRE GUIDELINES

This questionnaire provides Accessible Education Services with information to assist with the interactive accommodation process. Students must provide current and comprehensive documentation to be eligible for support services and considered protected under the law. A relevantly trained medical professional must complete and sign the questionnaire. All questions should be answered thoroughly. Accessible Education Services may ask for additional information if documentation is incomplete or does not support the accommodations requested.

The provider may, as an alternative, write a letter or report that contains the same information. The University will only accept documentation from a practitioner demonstrating a legitimate and ongoing healthcare provider/patient relationship. The healthcare provider must be an impartial evaluator who is not a family member nor in a dual relationship with the student. It is the general policy of the University Health and Counseling Center (HCC) that the HCC does not provide documentation for AES Accommodation Request students who are seeking disability services through the University of Portland's Accessible Education Office.

The International Classification of Diseases is frequently used as guidance for identifying medical conditions. However, not all conditions listed in the ICD-9/10 are disabilities or even impairments for purposes of the ADA. Diagnosis by a licensed medical professional (a physician, a physician assistant, or an advanced practice nurse practitioner) with expertise in the area of concern is required.

Under the Americans with Disabilities Act Amendments Act (ADA AA) revised in 2008, the term "disability" includes (a) a physical or mental impairment that substantially limits one or more of the major life activities of an individual; b) a record of such an impairment; or (c) being regarded as having such an impairment. It is important to understand that a diagnosis of a medical condition in and of itself does not substantiate a disability. In other words, information sufficient to render a medical diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity.

If you have questions or need assistance, don't hesitate to get in touch with Accessible Education Services via email [aes@up.edu](mailto:aes@up.edu) or phone at 503-943-8985.

**PROVIDER INFORMATION**

*Note to Providers: This assessment should be current (six months to one year), include a clearly stated diagnosis, and must provide information about the significant impact to a major life function, including those expected for a postsecondary experience.*

Client Name:		D.O.B:
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Attending Provider:		
<hr/>		
Professional Credentials/License:		
<hr/>		
Clinic/Practice Name:		
<hr/>		
Physical Address:	State	ZIP
<hr/>		
Phone Number:	Fax:	
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**DIAGNOSTIC INFORMATION**

Primary Diagnostic Code(s) - DSM or ICD:  

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How long have you been providing care to this student for these condition(s)?  

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Do you have an ongoing treatment relationship?    Yes:                  No:                  If No, please explain:  

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Additional Diagnoses:  

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Date of most recent office visit:  

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Nature of Condition(s):

ADD/ADHD	Autism Spectrum	Autoimmune
Brain Injury/TBI	Chronic Health	Hearing Impairment*
Learning Disability**	Neurological	Orthopedic
Psychological	Visual	Other

\*If the nature of the condition is related to hearing impairment, the provider should also complete the supplemental audiology questionnaire.

\*\*For learning disability diagnoses, a complete neuropsychological evaluation report may be submitted instead of this questionnaire.

Date of diagnosis/onset of current episode:

Describe the symptoms your patient presently displays:

Current medications (if any):

Does the student experience side effects associated with this medication(s) that significantly impact them? If yes how is the student impacted.

What is the severity of the condition? Mild:  Moderate:  Severe:

Is the condition: Acute  Chronic  Episodic

If the condition is not characterized as chronic, what is the expected duration of the condition or disability?

3-12+ months:  60-90 days:  Less than 60 days:

In your opinion, is there the likelihood that there will be a significant change to the condition or related symptoms? Yes  No

Please provide a summary of clinical and/or observational data (e.g. recent lab/bloodwork results, test results, ongoing medical therapy):

Does the diagnosed condition rise to the level of a disability (according to the definition on page 1)?

Yes  No

### FUNCTIONAL LIMITATIONS AND RECOMMENDATIONS

Does the impact of the student's disability present barriers to accessing Universities academic programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the impact of the student's disability present barriers to accessing housing or other University activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please check the extent to which major life activities are affected by the disabling condition:

<b>Life Activity</b>	<b>No Impact</b>	<b>Mild Impact</b>	<b>Moderate Impact</b>	<b>Severe Impact</b>
ADLs (e.g., hygiene/bathing, eating, etc.)				
Seeing				
Hearing				
Learning				
Walking				
Immune Response				
Neurological Function				
Gastrointestinal Functioning				
Sleeping or waking				
Insulin production/blood glucose regulation;				
Thinking/Concentrating				
Memory				
Auditory Processing				
Visual Processing				
Reading				
Handwriting				
Manual tasks (use of hands)				
Time management/organization				
Communicating Verbally				
Communicating in Writing				
Mood Regulation				
Interacting with others				
Attending class, lectures, labs, etc.				
Living in an unstructured environment				
Living with another person				
Socializing				
Other (please specify)				

Has the student historically had accommodations or other support mechanisms?

Yes:

No:

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Given the impact(s) of the student's disability, can you recommend reasonable accommodations that would provide the student equal access? Include a clear rationale between the impact of the diagnosed condition and the recommendations.

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If applicable, specify assistive devices, technology, or equipment that the student requires because of their disabling condition (e.g., wheelchair, hearing aide, screen reader, emotional support animal, glucose meter)?

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What parts of the student's academic, social, or campus life experience will the student be unable to access without your recommended accommodations?

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Thank you for completing this questionnaire! **Please return this form directly to the client/student;** they will need to attach it to their Accommodation Request form.

**Signature:**

**Date:**

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