

Accessible Education Services Documentation Questionnaire

This questionnaire provides Accessible Education Services with information used in the individualized interactive process. AES considers the student's report, supporting documentation, and relevant University requirements and environments when determining reasonable accommodations.

A qualified professional with relevant training or experience and sufficient knowledge of the student should complete this form. Alternatively, the provider may submit a letter or report that addresses the same information requested in this questionnaire.

Please do not submit general medical records in place of documentation addressing these questions. AES may request additional information when the available information does not sufficiently explain the student's functional limitations or their relationship to the requested accommodation.

Completing this form. You can complete this form on a computer or print it and write on it by hand. On a computer, move between fields with the Tab key, select or clear a checkbox with the Spacebar, and type in the shaded boxes, which expand as you write, so length is not limited. On paper, mark the checkboxes and write in the shaded boxes; attach extra pages if you need more room. If you would prefer this form in another format, or would rather submit a letter or report covering the same information, contact Accessible Education Services at aes@up.edu or [503-943-8985](tel:503-943-8985).

Student Information

Student name

Date of birth

Provider Information

Provider name

Professional credentials, license, and state

Area of practice or specialization

Clinic or practice

Email and phone

How long have you provided care to this student?

Date of most recent visit

Do you have an ongoing treatment or evaluation relationship with the student? Select one.

☐ Yes

☐ No

If no, briefly explain the basis for your evaluation.

Condition and Clinical Information

1. Identify the diagnosed condition or clinical impression relevant to this request. Include a diagnostic code when applicable.

2. When did the condition or current episode begin, and what is the anticipated duration? Include the anticipated duration of the related functional limitations. If the duration is unknown, please indicate that.

3. Identify any additional diagnoses or conditions relevant to the student's current functional limitations.

4. Describe the expected course of the condition. Select all that apply.

- ☐ Ongoing
- ☐ Episodic
- ☐ Temporary
- ☐ In remission
- ☐ Stable
- ☐ Progressive
- ☐ Expected to improve
- ☐ Uncertain
- ☐ Other

If other, please describe.

5. Describe the symptoms or clinical findings currently associated with the condition.

6. Are treatment effects or medication side effects relevant to the student's functioning? Select one.

- ☐ Yes
- ☐ No
- ☐ Not known

If yes, describe the functional effect. A complete medication list is not needed.

Disability Related Functional Limitations

The ADA and Section 504 define disability as a physical or mental impairment that substantially limits one or more major life activities. Not every diagnosis or impairment constitutes a disability, and a diagnosis alone does not establish the need for an accommodation.

AES determines disability status and reasonable accommodations through an individualized review of the student's report, supporting documentation, and relevant University requirements and environments.

Based on your evaluation or treatment of the student, please select the major life activities, functional areas, or bodily functions affected by the diagnosed condition. Select only areas supported by your

clinical knowledge of this student. For an episodic condition, consider the functional impact when the condition is active.

Major Life Activities and Functional Areas

- ☐ Caring for oneself
- ☐ Performing manual tasks
- ☐ Seeing
- ☐ Hearing
- ☐ Eating
- ☐ Sleeping
- ☐ Walking or moving
- ☐ Sitting or standing
- ☐ Maintaining physical stamina
- ☐ Speaking
- ☐ Communicating verbally
- ☐ Communicating in writing
- ☐ Reading
- ☐ Writing
- ☐ Learning
- ☐ Concentrating
- ☐ Thinking
- ☐ Remembering
- ☐ Organizing, planning, or managing time
- ☐ Regulating emotions or behavior
- ☐ Interacting with others
- ☐ Other

If other, please identify.

Major Bodily Functions

- ☐ Brain or neurological functioning
- ☐ Immune functioning
- ☐ Respiratory functioning

- ☐ Cardiovascular or circulatory functioning
- ☐ Digestive functioning
- ☐ Bowel or bladder functioning
- ☐ Endocrine or metabolic functioning
- ☐ Blood-glucose regulation
- ☐ Musculoskeletal functioning
- ☐ Reproductive functioning
- ☐ Normal cell growth
- ☐ Other

If other, please identify.

7. Briefly describe the primary functional limitations identified above. Include their frequency, duration, variability, and clinical basis.

Barriers in the University Environment

8. Select the settings in which the identified functional limitations may affect the student's access or participation.

- ☐ Classes or lectures
- ☐ Timed exams or quizzes
- ☐ Reading or written coursework
- ☐ Laboratories or studios
- ☐ Clinical placements
- ☐ Internships or field experiences
- ☐ Physical access or campus mobility
- ☐ University housing
- ☐ University dining
- ☐ Parking or transportation
- ☐ Campus programs or activities
- ☐ Other

Briefly describe how the identified functional limitations affect access or participation in the selected settings.

9. Select any environmental conditions that increase the functional impact.

- ☐ Time pressure
- ☐ Noise or surrounding activity
- ☐ Lighting or screen exposure
- ☐ Physical exertion
- ☐ Prolonged sitting or standing
- ☐ Shared space
- ☐ Other

Briefly explain how the selected conditions affect the student's functioning.

Previous Supports

10. Has the student previously used accommodations, assistive technology, equipment, or other supports? Select one.

- ☐ Yes
- ☐ No
- ☐ Not known

If yes, identify the supports used and describe their effectiveness.

11. Are there supports that were ineffective or would not adequately address the identified limitations? Select one.

- ☐ Yes
- ☐ No
- ☐ Not known

If yes, briefly explain why.

Provider Recommendations

Providers may recommend accommodations, equipment, or environmental adjustments that they believe would address the functional limitations described above. AES will determine reasonable accommodations through the interactive process.

12. Identify any recommended accommodations or supports. For each recommendation, explain the specific functional limitation or access barrier it is intended to address.

13. Does the student require assistive technology, equipment, or another device related to the identified functional limitations? Select one.

- ☐ Yes
- ☐ No
- ☐ Not applicable

If yes, identify the device or equipment and explain why it is needed.

Nonacademic Requests

14. If this request concerns housing, dining, parking, transportation, or another nonacademic environment, describe the specific environmental feature or adjustment needed and explain how it relates to the identified functional limitation. Complete only when relevant.

Provider Verification

I confirm that the information provided is accurate to the best of my professional knowledge and is based on my evaluation or treatment relationship with the student.

Provider signature

Date

License number and state, if applicable

Return the completed form to the student for submission with their accommodation request. Questions may be directed to Accessible Education Services at aes@up.edu or [503-943-8985](tel:503-943-8985).