**GUIDELINES FOR DISABILITY DOCUMENTATION**

Documentation must indicate how the disability limits the student in a major life activity as outlined in Section 504 of the Rehabilitation Act and The Americans with Disabilities Amendments Act. The information submitted is used to determine reasonable accommodations and/or disability-related services for this student a Mayville State University.

**DOCUMENTATION PROVIDED BY THE STUDENT SHOULD INCLUDE THE FOLLOWING:**

* A **clear diagnostic statement** that describes how the condition was diagnosed, information on the functional impact and details on the progression of the condition. Dates of the original and current diagnostic evaluations need to be included.
* A **description of the diagnostic methodology**, criteria, evaluation methods, procedures, tests used, dates administered, clinical narrative, observations and specific results that are congruent with the particular disability.
* A **description of the current functional limitations and how these limitations affect the student in a major life activity.** A “functional limitation” is defined as an adverse effect on a major life activity caused by the disability. Functional limitations should be described in terms of how severely the activity is affected by the disability; the frequency with which the activity is affected and how pervasive the disability is in performance of the life activity.
* A **description of current and past accommodations, services and/or medications and their effectiveness** in relation to the functional impact of the disability. Information about any significant side effects from current treatment or medications and its effect on physical, perceptual, behavioral and cognitive performance is helpful.
* A **description of the expected progression or stability of the disability** including the expected changes over time. Information on the cyclical or episodic nature of the disability and any known or suspected environmental triggers.
* The **credentials of the evaluator/provider** which are relevant to the diagnosed disability. The professional should be licensed or otherwise properly credentialed, have appropriate and comprehensive training, relevant experience, and have no personal relationship with the individual being evaluated or diagnosed.
* **Recommend accommodations, adaptive devices, assistive technology and/or support services** that are logically related to the functional limitation. College disability services office, however, are not under any obligation to provide or adopt recommendations made by outside entities.

Revised and approved by the N.D. Colleges and Universities Disability Service Council: October 2006 AHEAD Best Practices Disability Documentation in Higher Education (2004). Association on Higher Education and Disability.

**DISABILITY SERVICES for STUDENTS**

**MAYVILLE STATE UNIVERSITY**

**330 3rd St. NE, Mayville, ND 58257 (701) 788-4675, Voice; Fax: (701) 788-4890**

**REQUEST FOR DOCUMENTATION**

The student named below has requested accommodations at Mayville State University. In order to be eligible to use accommodations, the student must have a documented disability which substantially limits one or more major life activities as outlined in Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Disability Services for Students will use this information to determine reasonable accommodations for this student at Mayville State University.

Student’s Name: Date of Birth:

Diagnosis (i.e. DSM IV or Medical): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Most Recent Evaluation:

Name and Title of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List diagnostic protocol used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How does this student’s disability limit her/him academically?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

continued If this student’s disability limits her/him in any other facet of campus life, please explain:

Will the student’s limitations change over time? \_­­­\_\_No \_\_\_Yes, please explain:

Disability Services for Students will consider your recommendations for accommodations when determining the specific accommodations for this student. List any recommendations below and explain how each minimizes or compensates for the functional limitations of the student’s disability.

**ACCOMMODATION HOW IT COMPENSATES FOR THE LIMITATION**

If this student has a learning disability, attach the current psycho-educational evaluation and any other current test results that verify the functional limits of the learning disability.

I certify that the information submitted represents this student’s **present level of functioning**.

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

*Signature of Professional Print Name and Title Date*

*Organization and Address DSS 8-10*

**APPLICATION FOR SERVICES Disability Support Services Mayville State University 330 3rd Street NE Mayville, ND 58257**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMANENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHAT IS YOUR DISABILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW DOES IT AFFECT YOU IN YOUR COURSES? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU RECEIVING SERVICES FROM:**

**\_\_\_Voc. Rehab: Cslr. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cslr. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Disability Services for Students agrees to keep information/records concerning the student’s disability confidential in compliance with the Family Rights and Privacy Act (FERPA), ND state statutes and the professional and ethical standards of the Association of Higher Education and Disability (AHEAD).

While DSS staff will not release documentation nor reveal specific details of a student’s condition to Mayville State University faculty or staff, they will verify that the documentation is on file at DSS and share information about the purpose of the documentation.

I certify that the information provided on this form is correct. I understand that in order to be eligible for specific accommodations I must provide documentation of my disability that supports the need for those accommodations. I also understand that the accommodations and/or disability-related services provided will be determined by DSS.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**