

Documentation of a Disability

In order for the Office of Disability Resources (ODR) to determine appropriate accommodations, we request that the student provide current and comprehensive documentation regarding their physical or mental condition and its functional impact from a licensed healthcare professional qualified to diagnose and treat that particular condition(s). For the healthcare professional: please do not provide case notes or rating scales without a narrative that explains the results. For the student: once this form is completed by your healthcare professional and returned to you, please upload the form and/or any additional paperwork to your registration form (if you are new to ODR) or directly to your student Accommodate Portal (if you have already completed the registration form).

If you have questions regarding this form or the registration process, please call our office at 540-654-1266 or email odr@umw.edu.

Student Information

Student Name:

Date of Birth:

UMW Student ID Number:

To be completed by the Certifying Professional:

Date of last contact with student:

Date of diagnosis:

1. Please state the completed diagnosis/diagnoses:

2. Please describe your history in working with this student with this diagnosis:

3. Please list/describe the assessment or evaluative measures used to determine the diagnosis/diagnoses:
4. Please provide information on the current symptoms supporting diagnosis (symptoms within the last 6 months):
5. What are the current medications and/or other treatments being received by the student? Please include side effects experienced by the student that may impact their learning:
6. How else might the student's disability functionally impact them in daily life, including academic performance? Please provide any additional relevant information you feel we need to be aware of in order to determine appropriate accommodations in higher education:
7. Please provide any recommended accommodations for this student. Each recommended accommodation should include a detailed explanation of its relevance to the student's disability (may include impact of medication). Please note: All final accommodations are determined by ODR in partnership with the student.

Major Life Activities Impacted: Below is a checklist of the major life activities that could be impacted by the stated diagnosis. Please check all that apply and provide an explanation below the table.

Major Life Activity	No Impact	Mild Impact	Moderate Impact	Substantial Impact
Personal/self care activities				
Eating				
Sleeping				
Ability to self-administer medications				
Ability to navigate in surroundings				
Ability to adapt to environmental changes				
Ability to make decisions for self				
Managing internal distractions				
Managing external distractions				
Concentrating				
Memorizing				
Organizing				
Social interactions				
Managing stress				
Time management				
Emotional Processing/Regulating				
Regular and timely attendance				
Making and keeping appointments				
Maintaining deadlines				
Talking/Speaking				
Hearing				
Seeing				
Breathing				
Lifting				
Learning				
Knowledge/skill application				

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	No Impact	Mild Impact	Moderate Impact	Substantial Impact
Thinking				
Active Listening				
Stamina				
Reading				
Writing				
Walking				
Standing				
Sitting				
Reaching/Grasping				
Performing manual tasks				

Certifying Professional Information:

Printed Name:

Credentials:

License or Certification #:

Address:

Telephone:

Fax:

Email Address:

Provider Signature:

Date:

If prepare by someone other than the Certifying Professional:

Name of Person Completing the form:

Date:

Professional Affiliation/ Title