

Dean of Students Office
Disability Resources
Documentation Requirements for Medical Conditions

I. A Qualified Professional Must Conduct the Evaluation

- A. The name, title, and professional credentials of the evaluator-including information about license or certification, as well as the area of specialization and state or province in which the individual practices should be clearly stated in the documentation. Comprehensive training and relevant experience with the applicable medical condition are essential.
- B. This documentation should be completed by an appropriate licensed medical practitioner, who has direct knowledge of you and your disability. For example, documentation for a visual impairment would be completed by an ophthalmologist and a hearing impairment by an audiologist. These examples are meant to be illustrative and not comprehensive.
- C. All reports must be on letterhead, typed, dated, and bear the signature of the evaluator. Originals can be returned to student, if requested.
- D. Competence in working with culturally and linguistically diverse populations is also essential. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences.

II. Documentation Must Be Current

- A. Documentation must be current. Because the provision of reasonable accommodations and services is based upon UF's assessment of the current impact of the disability on academic performance, it is in a student's best interest to provide recent and appropriate documentation.
- B. It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodations does not, in and of itself, warrant the provision of a similar accommodation.
- C. Due to the nature of this type of disability, the appropriate time period varies. If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, re-evaluation may be required.

III. Documentation Necessary to Substantiate the Diagnosis Must Be Comprehensive

- A. To properly document a need for accommodations under ADA for individuals with medical conditions, clinicians should use the appropriate medical testing.
- B. The data must logically reflect a substantial limitation to learning for which the student is requesting accommodation.
- C. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.
- D. The testing instruments must be reliable, valid, and standardized for use with an adolescent/adult population.
- E. Informal inventories, surveys, self-reports, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.
- F. If the medical condition manifests itself in symptoms involving cognitive recall, the appropriate testing, as well as qualified professional conducting the evaluation, would involve the criteria for a learning disability.

IV. Documentation Must Include a Specific Diagnosis

- A. The report must include a specific diagnosis of the disability. The diagnostician should use direct language in the diagnosis of the disability, avoiding such terms as "suggest" or "is indicative of".
- B. The following should be addressed:
 - 1. Date and method of diagnosis, including any test results and analysis, as well as, current medical treatment.
 - 2. How the medical condition affects one or more major life activities. This is the essential criterion necessary to have the medical condition considered a disability. Although a medical condition may be considered a disability in one patient, this does not imply that the impact will be the same for all persons with the condition.
 - 3. The future prognosis of the medical condition. Is the condition temporary or permanent, progressive or stable?
- C. Categories of disabilities as outlined by the state include:
 - 1. Hearing Impairment: A hearing loss of 30 decibels or greater, pure tone average of 500, 1000, 2000 Hz, ANSI, unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, high or low tone hearing loss or deafness, and acoustic trauma hearing loss or deafness.

2. Physical Impairment: Musculoskeletal and connective tissue disorders, neuromuscular disorders, and physically disabling conditions that may require adaptation to one's school environment or curriculum. Examples include, but are not limited to, cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand and arm, cardiovascular aneurysm, head injury and spinal cord injury, arthritis and poliomyelitis, multiple sclerosis, Parkinson's disease, congenital malformation of brain cellular tissue, and physical disorders pertaining to muscles and nerves, usually as a result of disease or birth defect, including but not limited to muscular dystrophy and congenital muscle disorders.
3. Speech Disability: Disorders of language, articulation, fluency or voice that interfere with communication, pre-academic or academic learning, vocational training, or social adjustment. Examples include, but are not limited to, cleft lip and or palate with speech impairment, stammering, stuttering, laryngectomy and aphasia.
4. Visual Impairment: Disorders in the structure and function of the eye as manifested by at least one of the following: (a) visual acuity of 20/70 or less in the better eye after the best possible correction; (b) a peripheral field so constricted that it affects one's ability to function in an educational setting; or (c) a progressive loss of vision that may affect one's ability to function in an academic setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus.
5. Other disabilities: Not limited to the condition including certain cardiovascular and circulatory conditions, blood serum disorders, epilepsy, and respiratory disorders.

V. Each Accommodation Recommended by the Evaluator Must Include a Rationale

- A. The evaluator must describe the impact of the diagnosed disability on a specific major life activity as well as the degree of impact on the individual. The diagnostic report must include specific recommendations for accommodations that the post-secondary institution can reasonably provide.
- B. A detailed explanation as to why each accommodation is recommended must be provided and should be correlated with specific functional limitations determined through interview, observation, and/or testing.
- C. A school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report. If possible, the criteria for placement in a specialized program should be included.
- D. The documentation must include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used, and whether or not they benefited the individual.
- E. If no prior accommodations were provided, the evaluator must include an explanation of why no accommodations were needed in the past and why accommodations are needed at this time.

F. The following should be addressed:

1. How the medical condition affects the patient in an academic setting. This would include any necessary academic accommodations required as a direct result of the disability.
2. How these academic accommodations would mitigate the effects of the disability.

G. If the requested accommodation is not clearly identified in the diagnostic report, the Disability Resources will seek clarification.

H. The Disability Resources will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the student. If the student is not satisfied with the determination, an appeal can be made through the University of Florida's ADA Coordinator within 180 days.

VI. An Interpretative Summary Must Be Provided

A. A diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provided do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context.

B. To properly document a need for accommodations under ADA for individuals with medical conditions, clinicians should consider certain key issues. These issues involve establishing the credibility of the diagnosis, the severity of the impairment, and the suitability of the accommodations for the tasks at hand.

These guidelines were adapted from documents/books developed by:
Association on Higher Education and Disability (AHEAD).

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