



Student Accommodations & Support Services  
Alumnae Library  
Telephone: 413-265-2333  
Fax: 413-474-7188  
Email: sass@elms.edu

### Disability Documentation Guidelines

In order to establish that a student is an “otherwise qualified” student in accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 Elms College asks that students have current disability documentation submitted on their behalf. Documentation should be provided by a licensed health practitioner and include a diagnosis of a physical or mental health impairment that substantially limits one or more major life activities and the functional limitations of the condition.

Please complete the following form, providing a comprehension review of the disability and its impact on the student. A licensed healthcare professional may submit a supplemental letter that meets the standards as noted below:

- The letter must be addressed to SASS, written on agency or provider letterhead, include the date the letter was written, the providers written name and signature
- A diagnostic statement identifying the disability (with the date of diagnosis)
- Severity of the disorder (mild, moderate, severe)
- Medication or treatment currently prescribed
- As assessment of major life activities that are affected by the impairment (concentration, memory, social interactions, attendance, learning, reading, thinking, etc.)
- Information related to how often the student is seen in relation to the above named diagnosis
- Suggestions or recommendations that may assist the student in minimizing the impact of the condition

Student’s Name \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_

State the specific diagnosed disability. When applicable, please include a DSM or ICD diagnosis with codes.

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Summarize the relevant educational, developmental, medical or psychiatric history that supports the diagnosis. For example, provide information about the onset of the impairment and/or the student’s response to medication and other interventions.

*For students with learning disabilities, traumatic brain injuries or intellectual disabilities, please describe the comprehensive testing and techniques used to determine the diagnosis and attach the evaluator’s full report.*

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Rate the current status of the condition:  active  progressing  controlled  in remission

Rate the level of severity:  mild  moderate  severe

Is the diagnosed disability:  temporary (less than 6 months)  permanent (greater than 6 months)

Describe how the disability currently impacts academic performance and/or other major life activity. For example, a student diagnosed with a generalized anxiety disorder 300.02 (F41.1) may exhibit clinically significant distress in an academic environment which could affect concentration and interfere with memory functioning and recall of learned material. Please be specific and detailed.

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Describe the specific accommodations you are recommending and explain why they are necessary. For example, in the case above, the student's stress level may impair working memory. Providing a basic four-function calculator for a mathematics exam would be a reasonable accommodation, as would recording class lecture.

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Complete the following information about yourself. Please print legibly.

Name and Professional Title \_\_\_\_\_

Licensure/Certification Number \_\_\_\_\_ Phone Number \_\_\_\_\_

By providing my signature, I am certifying that I am licensed to make this diagnosis and confirming that this student has a disability that substantially limits one or more major life activity:

Signature \_\_\_\_\_ Date \_\_\_\_\_