

Lebanon Valley College

Center for Accessibility Resources

DOCUMENTATION OF DISABILITY

Dear Licensed Health/Mental Health Professional:

This information must be completed by a licensed health or mental health professional. Please complete the following information to assist Lebanon Valley College in determining your client's need for Academic Accommodations. The information you provide will become part of this individual's education record at Lebanon Valley College. A comprehensive evaluation report that includes the pertinent information and is written on letterhead stationery may be submitted in lieu of this form. Thank you for your assistance. If you have any questions, please call 717-867-6071.

A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits a major life activity."

Examples of major life activities include: walking, speaking, breathing, hearing, seeing, thinking sitting, sleeping, working, learning, interacting with others, concentrating, performing manual tasks, or caring for oneself.

Student's Name: _____

Date: _____

I. Based on this definition, does the individual have a physical or mental impairment that substantially limits a major life activity? YES NO

If the answer is Yes, please provide the following information:

1). What is the specific impairment/disability? _____

Please provide a DSM or ICD diagnosis. _____

2). Describe the current impact resulting from the disability. Include a description of functional limitations resulting from the disability. _____

3). List those major life activities which are substantially limited by the disability. _____

4). Date of diagnosis: _____

5). Describe the differential diagnosis process that resulted in the diagnosis for this individual (e.g., What assessments instruments, interviews, or rating scales were used?) _____

6). Date of most recent visit: _____

7). Describe current treatment plan. _____

8). List current medications and any side effects. _____

II. Based on your knowledge of this individual, please indicate recommended* accommodations you feel may be necessary and appropriate in a post-secondary educational environment. *Recommended accommodations are considered on a case-by-case basis, and are not automatically granted.

Please explain how the accommodations relate to the current impact of the disability and functional limitations of the student. _____

Please attach copies of assessment results.

Form Completed by:

Professional's Name: _____ License #: _____

Title/Other relevant credentials: _____

Address _____

E-mail: _____ Phone: _____

Signature: _____ Date: _____

Please submit completed form and supporting reports to:
Lebanon Valley College - Center for Accessibility Resources
101 North College Avenue
Annville, PA 17003-1400
Phone: 717-867-6071
Confidential fax: 717-867-6091