

To qualify for disability services, the student should submit a current assessment(s) on letterhead, signed and dated. While relatively recent documentation is recommended in most circumstances, it is important to remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual's condition.

Documentation should include:

**1. The credentials of the evaluator(s)**

Documentation should be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

**2. A diagnostic statement identifying the disability**

Documentation should include a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition.

**3. A description of the diagnostic methodology used**

Documentation should include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

**4. A description of the current functional limitations**

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self-report is the most comprehensive approach to fully documenting impact. The best quality documentation provides a clear sense of the severity, frequency and pervasiveness of the condition(s).

**5. A description of the expected progression or stability of the disability**

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts.

**6. A description of current and past accommodations, services and/or medications**

It is helpful but not required that documentation include a description of both current and past accommodations, auxiliary aids, assistive devices, and support services, including how they help with the functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

**7. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services**

It is helpful but not required that documentation include recommendations from professionals with a history of working with the individual. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are in line with the programs, services, and benefits offered by the University may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.