Ivy Tech Community College of Indiana
Physical-Medical Disability Documentation Guidelines

The student named below has applied for services from Disability Support Services (DSS) at Ivy Tech Community College. In order to determine eligibility and to provide services, we require documentation of the student's physical/medical disability.

Under the Americans with Disabilities Act (ADA) of 1990, ADA Amendments Act, and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability significantly limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments. Documentation should be no more than one year old.

I authorize the release of my information to Disability Support Services at Ivy Tech Community College. I give approval for DSS representatives to talk/correspond with the evaluator that prepared my documentation about my educational needs:

Student’s Signature
________________________________________________

Student’s Printed Name
_________________________________________________

Responses to the guideline questions should be typed on letterhead. Please do not submit handwritten documentation. The documentation should include the following information: today’s date, evaluator’s printed name, evaluator’s signature, evaluator’s license/certification, evaluator’s address, evaluator’s fax, and evaluator’s telephone.

Please respond to each of the following:

1.) Presenting diagnosis(es) utilizing diagnostic categorization or classification of the DSM IV. Diagnosis should indicate primary, secondary, etc., and significant findings, particularly in respect to presenting problems.

2.) Date the examination/assessment/evaluation was performed for the presenting diagnosis, or if following the student for an extended time, date of onset and date of an evaluation of the condition that is recent enough to demonstrate the student’s current level of functioning.

3.) Tests, methodology used to determine disability. PLEASE do not send copies of the student’s medical records.

4.) Identify the current functional impact on the student’s physical, perceptual and cognitive performance in activities such as mobility, note taking, laboratory assignments, and testing/examinations. Is this condition temporary? If temporary, what is the expected length of time to recovery?

5.) Describe any treatments, medications, assistive devices/services the student is currently using. Note their effectiveness and any side effects that may impact the student’s physical, perceptual or cognitive performance.
6.) Recommendations for accommodations. Explain the relationship between the student’s functional limitations and the recommendations.

Please contact your local campus for more information on where to send or fax documentation.