

GUILDELINES FOR DOCUMENTATION OF PHYSICAL DISABILITIES AND HEALTH DISORDERS (including deaf/impaired hearing, blind/low vision, ADD/ADHD, chronic illness and head injury)

The following information will assist the ODS staff in collaborating with the student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for accommodations under the Americans with Disabilities Act.

This documentation requires the expertise of a physician or other medical professional with experience and expertise in the area for which accommodation are being requested. This professional must be an impartial individual who is not a family member of the student.

Following FERPA, information submitted will become an educational record and can be released to the student named below upon his/her request.

Name	e of Student:	Date of Birth:
1.	Please provide a clear statement of the medic	cal diagnosis of the disability or illness:
2.	Describe present symptoms that meet the criresults (Attach current audiogram for deaf/heariblind/low vision. For head/brain injury and learning achievement measures utilized and results including	ng disabilities, attach summary of cognitive and

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3.	Describe the current impact that the disability or illness has on the student's functioning in major life activities and the degree to which it impacts the individual in learning:
4.	List current medication and dosages and include the impact of medication on the student's ability to meet the demands of the postsecondary environment:
Additi	onal Information/Comments:
Signat	ure of Medical Professional: Date:
Please	PRINT name of professional and credentials:
Addre	SS:
Phone	:
NOTE:	Further assessment by an appropriate professional may be required if co-existing learning

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disabilities or other disabling conditions are indicated.