



Richard Bland College

of WILLIAM & MARY

Office of Disability Services Documentation Form

Please note: A clinician with expertise in the area of the condition, following best practices in the field and not related to the student should complete this form.

In order for us to provide disability-related services and accommodation, we need to establish that this individual has a physical or mental impairment that substantially limits one or more of the major life activities, understand the impact of that disability in higher education settings, and determine reasonable accommodations and services that may assist in ameliorating these impacts.

Today's Date: _____

Student's Name: _____

Diagnosis (if known)/Description of the Functional Impact (required)

1. Please state the condition/diagnosis:

2. How did you arrive at your diagnosis? Please check all relevant items below:

- | | | | |
|--------------------------------------|--------------------------|-----------------------|--------------------------|
| Structured or Unstructured Interview | <input type="checkbox"/> | Medical tests | <input type="checkbox"/> |
| Interviews with others | <input type="checkbox"/> | Medical History | <input type="checkbox"/> |
| Behavioral Observations | <input type="checkbox"/> | Developmental History | <input type="checkbox"/> |

3. Describe the relevant, current impact of the condition on the student in a higher education setting (academic, housing, dining, transportation, social, etc.).

History and Prognosis (to the degree known)

	Month	Date	Year		Other
Date condition was first diagnosed					
Date individual first seen for the condition					
Date most recently seen for this condition					
Expected duration of condition				Permanent	
How long do you anticipate the impact	3 months	6 months	1 year	More than one year	
The condition is	stable	improving	worsening	cyclically variable	
The prognosis is	poor	fair	good	excellent	
How often is this individual seen	weekly	monthly	3-6 months	yearly	

4. If the individual is currently taking medication that has side effects and any impact on relevant functioning, please describe below. Do limitations/symptoms persist even with medications?

Medication and Dosage	Side Effects	Academic/Work Impact	Persistence of Symptoms

Academic responsibility often consists of 12-15 credits of rigorous academic course loads, 3-5 extracurricular activities with leadership responsibilities, and possible athletics and/or research involvement. Residential living is either alone or with roommates as part of dorm living where student must maintain all activities of daily living without supervision. Off-campus living will include all activities of daily functioning independently without supervision.

5. Please recommend any specific accommodations or services to address the functional limitations identified. This information will be factored into the process of determining reasonable accommodations.

6. Do you anticipate any changes in the individual's condition/medication? No Yes Please explain.

7. Is the individual working with another physician or specialist to treat the condition(s)? No Yes
Please explain and indicate who else if known.

8. Does the student appear capable of functioning autonomously and successfully in a rigorous full-time academic environment (4 courses)? Yes No N/A

9. Is follow-up and/or after-care treatment a recommended or reasonable ADA accommodation? If yes, please specify type(s) of recommended treatment: Yes No N/A

10. Provide your opinion of student's readiness for academic enrollment at RBC.

For students returning after academic or behavioral dismissal. (Please select one)

Student is ready to resume full-time academic enrollment and residential living, if available.

The student has demonstrated that they are able to manage symptoms without significant support in managing their continued treatment plan and live independently without regular supervision.

Student is ready to resume full-time academic enrollment but not residential living.

Academic responsibilities are outlined above, however, this may mean you do not feel the student is able to live within a dorm environment due to interpersonal conflicts connected with mental health symptoms and/or may require some level of supervision with managing aspects of their treatment plan or daily activities.

Student is not ready to engage in academic enrollment or residential living:

The student has demonstrated that they are unable to manage symptoms without significant support in managing their continued treatment plan, live independently without regular supervision, and/or have significant interpersonal concerns due to mental health/safety that would be disruptive to the learning and living environments of others until better managed.

By signing where indicated below I am representing to Richard Bland College that my response to each question listed above is true, complete, and accurate to the best of my knowledge and belief, that it constitutes my best professional judgment and opinion, and that the Patient did not prepare or draft that response for my signature.

PLEASE TYPE OR PRINT CLEARLY

Name/Title _____

Signature _____ Date _____

License/Certification # _____ State _____

Address _____

City, State, Zip Code _____

Phone _____ Email _____

Additional information can be submitted in a signed, typewritten letter on letterhead.

Please return this form to the student for them to upload with their application requesting accommodations.

If you have questions, please contact Office of Disability Services at office.ada@rbc.edu or 804-862-6100 x 6235.