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 □ Medical tests □
   Interviews with others □ Medical History □
   Behavioral Observations □ Developmental History □

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)

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

<table>
<thead>
<tr>
<th>Medication and Dosage</th>
<th>Side Effects</th>
<th>Academic/Work Impact</th>
<th>Persistence of Symptoms</th>
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</table>

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.

10/02/20