

GOUCHER COLLEGE
Disability Documentation Form
To Be Completed By Student's Health Care Provider

Goucher College is deeply committed to the full participation of students with disabilities in all aspects of College life. In accordance with section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Goucher College has established procedures to ensure that students with documented disabilities are reasonably accommodated in Goucher program activities.

Student Name: _____

By my signature, I give my consent for Goucher College's Office of Accessibility Services (OAS) to contact my healthcare provider for additional information as needed, and further give my consent to my healthcare provider to discuss my situation with the Office of Accessibility Services (OAS) and/or the Goucher Health and Counseling Centers.

Student Signature: _____

Name and Credentials of the Provider Making the Recommendation: _____

The student named above has requested an accommodation from Goucher College because of a disability. A disability is defined under the Americans with Disabilities Act as a "physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, speaking, breathing, eating, sleeping, walking, standing, lifting, bending, learning, reading, communication, working, performing manual tasks, caring for oneself, thinking, concentrating, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. Based on this definition, does this individual have a disability or temporary impairment? YES NO
2. If yes, please cite the student's disability(ies) or impairment(s) (use additional space if needed) :

The code for this is _____ from the DSM-IV-TR DSM-V ICD-9 ICD-10

3. Please check which of the following major life activities this condition(s) substantially limits:

walking hearing seeing manual tasks speaking
 reading working learning breathing thinking
 lifting eating sleeping concentrating standing
 communicating bending self-care the operation of major bodily functions

Other(s)? _____

4. Date of diagnosis: _____ Made by you? _____ If not, by whom? _____
5. Number of consultations in the past 3 years: _____ Date of most recent evaluation: _____
6. Length of time under your care? _____ Currently under your care? _____
If no longer under your care, when did care end? _____
7. Medical/therapeutic equipment needed/prescribed: _____
8. Prescribed medication(s) (indicate dosage): _____
9. Please describe in detail the symptoms currently experienced by the student, and how the disability interferes with one or more major life activities. (Attachments welcome. Please use additional space as needed.)
10. Please circle (and indicate, where relevant) the appropriate frequency of symptoms experienced:

Periodic / Seasonal (____ annual reported occurrences)	every ____ month(s)	____ x a month	____ x a week	most days	daily
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11. Please describe and provide rationale for any accommodations that you recommend to address the student's disability. Please explain how the modification you recommend would address the functional limitations of the student's underlying condition. (Again, please use additional space, as needed.)
12. What are some possible alternatives if meeting your primary recommendation is not possible?
13. Please attach supporting documents for this diagnosis (see next page for details)

_____(initial) I have attached the supporting documentation for this diagnosis.

Health Care Provider's Contact Information (Stamp or Write):

Office Address: _____

Email: _____ Phone Number: _____

Signature: _____

Date: _____

Supporting Documents

Different medical conditions require different assessment procedures. Documentation which supports the diagnosis and legitimizes a student's request for appropriate accommodations may include:

- Copies of office visit summaries related to the accommodation request
- Lab test results
- A summary of the impact of medications taken and the rationale for current medication prescribed
- A summary of assessment procedures, along with specific evaluation results
- A summary of present and/or fluctuating symptoms that meets the criteria for diagnosis
- Relevant developmental and historical data, if appropriate

Any summaries provided should be typed on official letterhead with clear contact information.

Documentation for eligibility must reflect the current functional impact the disability has on the student's learning or other major life activity and the degree to which it impacts the individual in the context (dining, residential, etc.) for which accommodation are requested.

A connection must be established between the requested accommodation and the functional limitations on the student in the college environment (learning, residential, etc.).

Care providers should send disability documentation directly to the Office of Accessibility Services in one of the following ways:

Email: access@goucher.edu

Fax: 410-337-6185

Mail: Alumni House, Goucher College, 1021 Dulaney Valley Rd., Towson, Maryland 21204.

Questions?

Call 410-337-6146. Our Office hours are Monday-Friday, 9:00 a.m. – 4:30 p.m.