



DISABILITY SERVICES
Parkhouse Hall - 215.641.6575
disabilities@mc3.edu

Physical, Chronic Health, or Sensory Disability Documentation Guidelines

(Includes but is not limited to: Mobility Impairments, Sensory Impairments, Multiple Sclerosis, Cerebral Palsy, Chemical Sensitivities, Spinal Cord injuries, Cancer, AIDS, Muscular Dystrophy, Spina Bifida)

Submission of documentation is not the same as the request for services. The request for reasonable accommodations must be initiated by the student once he/she is confirmed at the College. The student must schedule and participate in an Intake appointment with Disability Services so that support services and reasonable accommodations can be discussed in an interactive process. Documentation will be reviewed by Disability Services prior to the appointment. Disability Services is responsible for the determination of reasonable accommodations.

- Documentation should be submitted by a physician, neurologist, psychiatrist, or other medical specialist qualified to diagnose and treat the student's condition.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.
- Documentation should include the names, titles, professional credentials, license number, addresses, and phone numbers of the evaluators as well as the date of the report.

Please provide a clear statement of the disability, including the DSM-V diagnosis and a summary of present symptoms.

1. Documentation for eligibility should be recent and address the current functional impact of the condition on the student's performance on his or her academic performance.
2. A summary of assessment procedures and evaluation instruments used to make the diagnosis, including evaluation results and standardized scores if applicable.
3. A description of present symptoms and any impairment of daily activities of living.
4. Information about the student's needs may include the impact of medications upon the student's function in the post-secondary environment.
5. Suggestions for reasonable accommodations that might be appropriate at the postsecondary level are encouraged. **Each recommendation should be supported by the diagnosis and clearly linked to the current impact of a functional limitation of the student's disability.** Disability Services will make the final determinations regarding appropriate accommodations.

Disability documentation is confidential and should be submitted only to Disability Services.

Disability Services maintains disability files and diagnostic testing information for seven years after the student either graduates, transfers, or leaves the College. After that time, the confidential files are destroyed. If a student does not attend the College but has submitted documentation, the files will be destroyed after two years. Consequently, the student should maintain his/her own copy of the diagnostic information.



Physical, Chronic Health, or Sensory Disability Verification Form

(Includes but is not limited to: Mobility Impairments, Multiple Sclerosis, Cerebral Palsy, Chemical Sensitivities, Spinal Cord injuries, Cancer, AIDS, Muscular Dystrophy, Spina Bifida)

TO BE COMPLETED BY PHYSICIAN, NEUROLOGIST OR OTHER QUALIFIED MEDICAL SCPECIALIST *

(*as specified in the College Guidelines)

The American with Disabilities Act (ADA; 1990; as amended, 2008) and Section 504 of the Rehabilitation Act of 1973 ensure the accessibility and availability of higher education for all qualified persons. A physical disability (which may include systemic illness) is defined by these laws as "...a .Physical... impairment which substantially limits one or more major life activities. . ." **These are ongoing conditions or a duration of six months or more, rather than temporary or situational difficulties.**

Disability Services assists students with physical disabilities/systemic illnesses by:

- a) Establishing eligibility for services for students with physical disabilities and systemic illnesses, and
- b) Arranging and overseeing the provision of reasonable accommodations for these students.

STUDENT, PLEASE COMPLETE THE SECTION BELOW:

Student's name _____ Student's date of birth _____

I _____ give permission for the release of information to

Signature of student

Disability Services at for the purpose of determining academic accommodations

Information below to be completed by the treating professional. *For visual impairment and hearing loss, please append measures of visual function or audiogram.*

1. Diagnosis(es): _____

2. A summary of assessment procedures and evaluation instruments used to make the diagnosis: *(For visual and auditory disabilities, please attach assessment measures.)* _____

3. Expected duration _____

4. How long have you been treating the student for this condition? _____

5. Most recent contact with student: _____

6. Severity of Student's Condition(s): Mild, Moderate Severe (for multiple conditions, please specify for each condition.) _____

7. Check all relevant major life activities that are substantially limited. _____ Walking _____ Hearing _____ Seeing _____ Working _____ Sleeping _____ Caring for self _____ Interacting with others _____ Learning (including memory/concentration) _____ Performing manual tasks _____ Other(s) if other, please explain: _____
8. Please describe how each limitation will affect the individual's ability to function in the post-secondary academic environment. _____

9. Have you any recommendations to make regarding effective academic accommodation to equalize this student's educational opportunities at the post-secondary level? Please state the rationale for each suggested accommodation relating it to a specific functional limitation. _____

10. If the student is currently on medication for this condition, please describe specific impact (if any) of the medication on the student's ability to meet the demands of the postsecondary environment:

11. Other Comments: _____

Please note that Disability Services will make all final determinations of reasonable accommodations.

Signature of practitioner _____ Date _____

Print name and title: _____

Specialty/qualification to treat student's condition _____

Type of License/ Certification _____ State of License and No. _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Please return this form and relevant supporting materials to Disability Services via our electronic Secured File Transfer (mc3.edu/disabilities) or by fax. Faxed materials should include a cover page with "Attn: Disability Services" and "Confidential."

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 Disability Services
 Parkhouse Hall
 340 DeKalb Pike
 Blue Bell, PA 19422
 (215) 641-6575
 (215) 619-7174 FAX
disabilities@mc3.edu

Pottstown Campus:
 Coordinator of Disability Services
 South Hall 147
 101 College Drive
 Pottstown, PA 19464
 (610) 718-1853
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