



## Documentation Guidelines for Treating Professionals

### Purpose of this memo

Your patient has self-identified to the Office for Access & Accommodations as having a physical or mental disability, such as a chronic health condition, a mental health condition, a learning or attention related disability, or other condition covered by the Americans with Disabilities Act as Amended (ADAAA). This document is delivered by the student to the provider. Use this document to guide you in writing a letter verifying that the student has a disabling condition causing functional impairment(s).

Your time and professional expertise assist in fulfilling our responsibility to accommodate. Our staff may have follow-up questions and may contact you to ask clarifying questions to understand the need.

### Requested Information

#### Credentials

The letter must be typed and signed on your office letterhead and must include your credentials as a medical or mental health professional. Please identify your area of specialty.

#### Disability Statement & Corresponding Functional Limitations

- Confirm that the student has a physical or mental condition which substantially limits them in a major life activity.
- Based upon this student's condition, please describe any functional limitations he/she has in performing a major life activity. A current functional limitation is a substantial impairment in an individual's ability to function with respect to the condition, manner, or duration of a required major life activity. *Examples of a major life activity are as follows: walking, sitting, standing, seeing, hearing, speaking, breathing, learning, reading, writing, caring for oneself, concentrating, interacting with others, and performing manual tasks. This list is not exhaustive; please base limitations on your personal knowledge and professional assessment of the individual.*
- If the student is taking medication for this condition, how might this medication impact the student?

Please send to the Office for Access & Accommodations.

Fax: 618-453-5700