CONCORDIA COLLEGE
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Guidelines for the Documentation of Physical Disabilities and Chronic Health Conditions in Adolescents and Adults

To receive reasonable and appropriate services/accommodations, students must present documentation of their disability and ***current*** functional limitations. This means that there needs to be a diagnosis by licensed professionals who are qualified to evaluate physical disabilities and chronic health conditions.

Relevant Terminology

Physical disabilities include but are not limited to impairments, chronic illnesses, traumatic brain injury, arthritis, and visual, hearing, mobility, and manual limitations. When these occur in combination with attentional, psychiatric, and/or learning disorders, relevant information pertaining to these latter diagnoses as it applies to the specific test-taking environment must be included.

Major life activity: Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.

Current functional limitation: A substantial impairment in an individual's ability to function with respect to the condition, manner, or duration of a required major life activity.

Documentation must include ALL of the following:

Documentation Requirements

I. A Qualified Professional Must Conduct the Evaluation

Professionals conducting assessments, rendering physical diagnoses, offering opinions about physical disabilities, and making recommendations for accommodations must be qualified to do so. It is essential that professional qualifications include both (1) comprehensive training and relevant expertise in the specialty and (2) appropriate licensure/certification.

Qualified evaluators are defined as those licensed individuals who are qualified to evaluate and diagnose physical disabilities or who may serve as members of a diagnostic team. These individuals or team members may include physicians, surgeons, dentists, optometrists, audiologists, physical therapists, occupational therapists, neuropsychologists, and other relevantly trained healthcare professionals qualified to make such diagnoses. Documentation may be provided from more than one source when a clinical team approach employing a variety of professionals has been used.
Diagnoses of physical disabilities documented by family members will not be accepted because of professional and ethical considerations even when the family members are otherwise qualified by virtue of training and licensure or certification. The issue of dual relationships as defined by various codes of professional ethics should be considered in determining whether a professional is in an appropriate position to provide the necessary documentation.

Finally, the name, title, and credentials of the qualified professional writing the report should be included. Information about licensure or certification, including the area of specialization, employment, and the state or province in which the individual practices, should also be clearly stated in the documentation. All reports should be in English, typed on professional letterhead, dated, and signed.

II. Documentation Must Be Current

Although some individuals have long-standing or permanent diagnoses, because of the changing manifestations of many physical disabilities, it is essential that the student provide recent and appropriate documentation from a qualified evaluator. Since reasonable accommodations are based upon the current impact of the disability, the documentation must address the individual's current level of functioning and the need for accommodations (e.g., due to observed changes in performance or medication changes since previous assessment). If the diagnostic report is more than six months old, the student must also submit a letter from a qualified professional that provides an update of the diagnosis, a description of the student's current level of functioning during the preceding six months, and a rationale for each of the requested accommodations. In some cases the updated letter from a qualified professional may simply address why documents or reports that have been submitted and that are older than six months continue to be relevant in their entirety.

III. Documentation Necessary to Support the Diagnosis Must Be Comprehensive

In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. In addition to a history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data, the diagnostic report should include the following components:

1. a specific diagnosis. Clinicians are encouraged to cite the specific objective measures used to help substantiate diagnoses. The evaluator should use definitive language in the diagnosis of a physical disability, avoiding such speculative language as "suggests," "has problems with," or "could have problems."

2. a description of current functional limitations in the academic and employment environments, as well as across other settings, with the understanding that a physical disability usually presents itself across a variety of settings other than just the academic and test-taking domains. The description should include medical information describing the degree to which the current functional limitations restrict the condition, manner, or duration under which the student can perform a major life activity as compared to the average person in the general population.

3. relevant information regarding any medications that may impact test performance. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations.

4. relevant information regarding current treatment for this or any other conditions, and the degree of impact on learning.

5. evidence that alternative etiologies or explanations have been considered in a differential diagnosis and ruled in or out as appropriate. Such alternative explanations include

substance abuse; medication effects; psychiatric, learning, and attentional disorders; and motivational factors affecting performance/functioning.

6. a rationale for each accommodation requested. The clinician must describe the degree of impact of the disorder on a specific major life activity, as well as the degree of impact on the individual. A link must be established between the requested accommodations and the functional limitations of the individual that are pertinent to the academic setting. Clinicians are encouraged to be highly specific with the disability-accommodation link.

   For example, it may be that extra rest breaks or longer rest breaks would better accommodate a given disability than would additional testing time. Accommodations will be provided only when a clear and convincing rationale is made for the necessity of the requested accommodations.

   Note that a diagnosis in and of itself does not automatically warrant approval of requested accommodations. For example, although migraine headaches can be very painful and distressing, the mere anticipation that one is going to have a migraine is not a disability.

   A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of accommodations. Furthermore, if there is no prior history of accommodations, the evaluator and/or the student must include a detailed explanation of why accommodations were not needed in the past and why they are now being requested.

IV. Multiple Diagnoses

Multiple diagnoses may require a variety of accommodations beyond those typically associated with only a single diagnosis, and therefore the documentation must adhere to other disability guidelines. For example, when accommodations are requested based on multiple diagnoses (e.g., cancer with an accompanying depression), documentation should also comply with the guidelines pertaining to the documentation of these specific conditions. In such instances, qualified healthcare professionals may want to consult Concordia's Disability Services policy and guidelines for documentation. The guidelines for documentation of psychiatric disabilities as well as LD and ADHD disabilities can be found at http://www3.cord.edu/counseling. They may also be obtained by contacting:

The Counseling Center
Concordia College
901 8th Street South
Moorhead, MN 56562
218-299-3514
Fax: 218-299-4557

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