

Wheaton College Accessibility Services

Disability due to a Medical Condition

Student's Name:

DOB:

Accommodation Requested (*check all that apply*) academic housing (including emotional support animals)

INTRODUCTION

Students who are seeking disability services through Wheaton's Office of Accessibility Services on the basis of a diagnosis of a medical impairment are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended.

Under the Americans with Disabilities Act Amendments Act (ADA AA) revised in 2008, the term "disability" includes (a) a physical impairment that substantially limits one or more of the major life activities of an individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment. It is important to understand that a diagnosis of a medical condition in and of itself does not substantiate a disability. In other words, information sufficient to render a medical diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. Current and comprehensive documentation must be provided in order for a student to be eligible for support services and considered protected under the law.

The International Classification of Diseases is frequently used as guidance for identifying medical conditions. **However, not all conditions listed in the ICD-9/10 are disabilities or even impairments for purposes of the ADA.** Diagnosis by a licensed medical professional (a physician, a physician assistant or an advanced practice nurse practitioner) with expertise in the area of concern is required. The healthcare provider must be an impartial evaluator who is not a family member nor in a dual relationship with the student. Documentation in languages other than English must be translated by a certified translator – please include a copy of certification credentials.

ALL QUESTIONS BELOW MUST BE COMPLETED BY A QUALIFIED HEALTHCARE PROVIDER

Note to Providers: This assessment should be current (six months to one year), include a clearly stated diagnosis, and must provide information about the significant impact to a major life function, including those expected for a post-secondary experience.

Healthcare Provider's Name

Credentials and State (or Country) License #

ICD -9/ICD-10 primary diagnoses _____

1. How long have you been providing services to this student?
2. What is the date of onset of current episode?
3. Date of the most recent office visit?
4. Current medications (if applicable to diagnosis above):
5. If applicable how has the prescribed medication affected the student's symptoms or functioning?
6. Current treatments, assistive devices and/or technologies?

Student Name:

7. What is the severity of the medical conditions? Mild Moderate Severe

Please explain:

8. What is the expected duration of the medical condition or disability?

_____ Long term: 3 – 12 months or longer

_____ Short term: 60 – 90 days

_____ Temporary: less than 60 days

Please Explain:

9. Is the medical condition? Acute Chronic Episodic?

Please explain:

10. Specific duration, stability, or progression of the condition or disability:

11. Describe the symptoms your patient presently displays:

12. Is there evidence that the symptoms **currently** meet ICD-9 or ICD-10 criteria? Yes No

If yes, please describe symptoms and functional impairment.

13. Does the diagnosed condition rise to the level of a disability (according to the definition noted above)?

Yes No

If yes, please describe symptoms and functional impairment.

14. Please provide a brief summary of clinical and/or observational data (recent lab/bloodwork results, test results, ongoing therapy):

15. What is the current impact of (or limitations imposed by) the condition?

Student Name:

16. Please check the extent to which major life activities are affected by the disabling condition.

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know	Not Applicable
ADLs (e.g. hygiene/bathing, eating, etc.)						
Attending class, lectures, labs, etc.						
Communicating – verbal or written						
Concentrating						
Learning						
Living in an unstructured environment such as a residence hall (dorm)						
Living with a roommate						
Regulating Emotions						
Sleeping or Waking						
Socializing						
Studying independently, in a group, etc.						
Other (please specify)						

Student Name:

17. Provide recommendations for **academic** accommodations (e.g. extra time to complete exams). **Include a clear rationale between key components of the diagnosed condition and the accommodation requested (*link the symptoms and functional limitations to each requested accommodation*). Include any past accommodations recommended and their effectiveness.** Incomplete information may require follow-up before the request can be implemented.

18. Provide recommendations for **campus housing** accommodations (e.g. a single room, an emotional support animal*). Please **include the requested accommodation and a clear rationale between symptoms/functional limitations and how the accommodation will address them. Include any past accommodations recommended and their effectiveness. Incomplete information may require follow-up before the request can be considered.** *Please note that roommate conflicts, a need for a quiet place to study or virtual therapy appointments are not generally reasons for seeking reasonable accommodations for housing.*

19. REQUIRED What parts of the student's academic, social, or campus life experience will the student be unable to access without your recommended accommodations?

Medical Provider Signature:

Date

*ESA accommodations – See next page

Student Name:

*** THIS PAGE FOR ESAs ONLY** As part of your treatment of this student, are you recommending an emotional support animal (ESA) as an accommodation to the student's on-campus housing? If so, please complete the questions below.

What is an ESA? An Emotional Support Animal is one that can be kept in residence as prescribed for a person with a disability as a reasonable accommodation to provide him/her an equal opportunity to use and enjoy College housing. Such requirement must be documented by a medical and/or a mental health professional as needed due to one or more identified symptoms or effects of the person's disability.

- 20. Are there other acceptable modalities of treatment (e.g. medication, CBT, etc.) aside from an ESA that could be provided?

- 21. What type of training, experience or expertise do you have in including ESA's into your treatment plans with clients?

- 22. Is there an identifiable and documented nexus between the disability and the assistance that the animal provides? (e.g., a dog helps your client with severe anxiety to have fewer disabling panic attacks)

- 23. Is there evidence that an ESA has helped this student in the past or currently?

- 24. Does your student have a condition which would prevent them from adequately caring for the ESA? (e.g. could a client with Major Depressive Disorder care for a dog if s/he lacks sufficient motivation to walk the dog several times/day?)

Mental Health Provider Signature:

Date:

***Please return completed form to
Accessibility Services***

Wheaton College, 26 E. Main Street, Norton, MA 02766 accessibility@wheatoncollege.edu Fax: 508-286-5621