

Indiana University of Pennsylvania

DEPARTMENT FOR DISABILITY ACCESS AND ADVISING

Department for Disability Access and Advising Pratt Hall, Room 216 201 Pratt Dave Indiana, Pennsylvania 15705-1003 P 724-357-4067 (Voice/TD) disability-access@iup.edu www.iup.edu/disabilitysupport Accommodated Testing – dss-test@iup.edu Alternate Text – alt-text@iup.edu Note Taking – dss-notes@iup.edu

Documentation of Disability Form (TBIs & Concussions)

- \checkmark This form may be used by IUP students to provide documentation for TBIs and concussions
- ✓ This form **excludes** all other disabilities

To Whom It May Concern:

A patient/client of yours has requested disability support services from the Department for Disability Access and Advising (D²A²) at Indiana University of Pennsylvania. Legal protection and eligibility for these services is contingent on the student providing sufficient documentation that concludes he/she has an impairment that substantially limits one or more major life activities. As this student's treating specialist, you are asked to provide the following information to allow the university to consider this student's request.

Student Name:					Date of Birth:	/	/
	First	Middle		Last			
Diagnosis/Impa	irment:						
When was this o	diagnosis originall	y made?	/	/			
Is this student s	till under your car	e?	YES		NO		
When did you la	ast see this studer	it?	_/	/			
Is the impairme	nt temporary (<3	months) or p	ersistent	t?			

How does the diagnosis affect the student's ability to learn or otherwise function in a college setting?



Is the student taking any medication to treat the impairment?	YES	NO
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If YES, does the medication have any effects on learning or functioning in a college setting (e.g., Indicate when the medication is most effective, side effects that affect learning, etc.)?

What methods were used to assess functional limitation? Please list or attach any supporting information to this form.

What accommodations, adaptive devices, assistive services, or compensatory strategies do you recommend to help the student better access learning in higher education?

PLEASE NOTE: Ideally, if the assessor becomes aware of significant changes in any of the above, it is hoped that additional information would be provided.

Evaluator Credentials			
Name:		-	
Title:		-	
Address:		-	
Phone Number: :		_	
Email: :			
Signature:	Date:	· · · · · · · · · · · · · · · · · · ·	
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