

Northwestern Health Sciences University Guidelines for Providing Documentation of a Disability

Disability Services works to ensure access to courses, services, activities, and facilities, for all NWHHSU students with disabilities. Any student with a documented disability (e.g., physical, learning, psychiatric, sensory or systemic) who needs to arrange reasonable accommodations must contact the Disabilities Services Coordinator to determine eligibility for services. The Disability Services Coordinator, Becky Lawyer, will assist eligible students with: obtaining documentation of disability conditions, determining and implementing reasonable accommodations, and providing information, referral and consultation.

The cost of obtaining documentation is the responsibility of the student. The DSC may require additional information if the initial documentation is inadequate to determine the impact of the disability or to support the need for requested accommodations; the cost of this additional documentation is also the responsibility of the student.

Advanced planning is necessary to ensure accommodations are in place when needed, so it is best to address questions and concerns early in the program. All services are confidential and free. Appointments with the Disability Services Coordinator can be arranged by contacting Lori Hanegraaf in the Student Affairs office at 952.885.5405 or lhaneagraaf@nwhealth.edu.

The information below provides students with guidance on how to obtain adequate documentation.

Please note that the documentation guidelines for NWHHSU may differ from the documentation requirements for your Board exams. The DSC can provide you with additional information on these documentation requirements.

In general, the documentation should meet the following guidelines:

1. The credentials of the evaluator(s)

Documentation must be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist). The report should be on letterhead, dated and signed.

2. A diagnostic statement identifying the disability

Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the current functional limitations of the condition, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

3. A description of the diagnostic methodology used

Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended. Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

4. A description of the current functional limitations

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to indicate whether or not a major life activity is "substantially limited," that is, it should explain what the extent, duration, and impact of the condition is.

5. Recent documentation

In most cases, documentation should be less than three years old. However, documentation of conditions that are permanent and non-varying may not need to be as recent. Likewise, changing conditions and/or changes in how the condition impacts the individual brought on by growth and development may warrant more frequent updates in order to provide an accurate picture. It is important to remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual's condition.

6. A description of the expected progression or stability of the disability

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

7. A description of current and past accommodations, services and/or medications

The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting may not be reasonable at NWHSU, they may provide insight in making current decisions.

8. Recommendations for accommodations

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the university or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.