Documentation Guidelines

Documentation submitted to Student Accessibility Services should include the following elements:

1. **The credentials of the evaluating professional(s).** Documentation must be typed and submitted on official letterhead by a qualified professional who is licensed or certified in the area for which the diagnosis is made. Name, title, professional credentials, including information about license or certification as well as areas of specialization, employment, and state in which the individual practices must be in the documentation. Please note that professionals shall not be family members or others with a close personal relationship with the individual being evaluated.

2. **Documentation must be presented in advance or during the initial meeting with the Director of Student Accessibility Services (SAS).** The meeting should occur the before the student expects to start, and no later than 4 weeks before their scheduled semester starts. CAC does not administer diagnostic testing. It is the student's responsibility to obtain their own documentation of disability.

3. **A clear diagnostic statement identifying the disability or disabilities.** (Using ICD or DSM classification). This should include the date of the most recent evaluation as well as the original diagnosis date, if applicable. Co-morbid conditions should also be described; documentation should indicate which condition is primary and secondly, if applicable.

4. **A description of the diagnostic tests, methods, and/or criteria used to include specific test results and the examiner's narrative.** Standardized testing should be applied appropriately, and adult measures should be used. All standardized testing scores should be reported. Please note that screening instruments and checklist, though often used to support a diagnosis, are not sufficient indicators of impairment and will not be used to determine specific accommodations. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

5. **A description of functional limitations resulting from the disability, that create a barrier to education.** Information on how the disability currently impacts the individual, the degree of impact, and how it relates to a college setting, provides essential information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individuals self-report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate how a major life activity is substantially limited by providing a clear sense of the severity, frequency, and pervasiveness of the condition.

6. **A description of the expected progression or stability of the disability over time.** It is helpful when documentation provides information on expected changes in the functional limitations over time. Information of the cyclical or episodic nature of the disability, along with known environmental triggers provides opportunities to anticipate and plan for varying functional impacts.

7. **A complete educational, developmental, and medical history relevant to the disability** for which accommodations are being requested. This should also include a description of past accommodations, services, auxiliary aids, and medications, including their effectiveness in ameliorating functional impacts of the disability. For medications, please indicate any significant side effects that may impact physical, perceptual, behavior, or cognitive performance.
8. **Recommendations** for accommodations, adaptive devices, assistive services, treatment, and/or other services as it relates directly to the individual's specific limitations and not the diagnosis. It is most helpful when recommended accommodations and strategies are clearly aligned with functional limitations. A clear explanation of the relationship between requested accommodations and functional limitations is useful in decision making.

**Insufficient Documentation**
When documentation submitted to the review team is incomplete, the student will be asked to seek an additional evaluation and/or clarifying information from the evaluator(s). An Individualized Education Plan (IEP), 504 Plan, or Summary of Performance (SOP) provides useful information. However, it may not provide sufficient documentation to establish that the student is eligible for services and accommodations in an institution of higher education. Further, documentation that simply states a diagnosis and does not include information about the functional limitations and handwritten/case notes are generally not sufficient documentation.

**Provisional Certification**
When partial documentation is submitted, SAS reserves the right to approve that student for provisional services for the current or upcoming semester. Partial documentation is defined as documentation that meets part, but not all, of the documentation guidelines or that which establishes a history of being considered an individual with a disability. Provisional certification is intended to provide students with temporary accommodations and/or services while that individual seeks additional documentation in order to become fully certified and, thus, to be qualified to receive future accommodations.

**Temporary Medical Conditions**
Central Arizona College Student Accessibility Department may support students who require temporary accommodations for acute, short-term medical conditions, behavioral health emergencies, high-risk pregnancy, and temporary injury. Please call the Student Accessibility Director at 520-494-5409 to schedule an appointment. Documentation from a qualified professional, with expected timelines are required. You may also call the administrative assistant at 520-494-5524.

**If you have any questions regarding documentation and requirements, please call the Student Accessibility department at 520-494-5409 or 520-494-5524.**