

Guidelines for Documentation of Physical Health Disorders

Students seeking academic adjustments, auxiliary aids, and/or services from Lenoir Community College are required to provide diagnostic documentation from a licensed clinical professional familiar with the history and functional limitations of the student's impairments. All documentation must adequately verify the nature and extent of the disorder in accordance with current professional standards, techniques and practices. Also, the documentation must clearly substantiate the need for the student's specific academic adjustment, auxiliary aid, and/or service request. All documentation must be submitted on either the official letterhead of the professional or the LCC form. The report should be typed, dated, signed, and include the professional credentials of the evaluator including information regarding licensure or certification. The cost of obtaining documentation is borne by the student. If the initial documentation is incomplete or inadequate to determine the extent of the disability and reasonable academic adjustment, auxiliary aid, and/or service, Lenoir Community College has the discretion to require additional documentation. Any cost of obtaining additional documentation is also borne by the student.

Documentation of physical health disorders must include the completion of the Documentation Form for Physical Health Disorders by a physician. The completed form must state the current functional limitations of the disorder (documentation for physical health disorders may require periodic updates, especially if changes occur in the student's functioning). In addition, information provided for physical health disorders must fully explain the following criteria of the student's disorder (if applicable):

Medical diagnosis

Visual Acuity

Duration (chronic, episodic, or short term) of the condition

History of the condition and the symptoms related

Severity (mild, moderate, or severe) and an explanation of the severity

Dates and frequency of contacts with the student

Differential diagnoses and reasons for ruling out these diagnoses

Explanation of how the symptoms related to the student's condition cause significant impairment in a major life activity

Detailed explanation of how the impairment limits the student's functioning for the learning or testing environment

List of the student's current medication (dosage, frequency, and adverse side effects) and an explanation of the extent medication mitigates the symptoms of the disorder

Explanation of any significant limitations in functioning directly related to the prescribed medication

Specific recommendations regarding academic adjustments, auxiliary aids, and/or services related to the student's condition and a rationale as to the reason these academic adjustments, auxiliary aids, and/or services are warranted based upon the student's functional limitations

Indication as to the reason the stated academic adjustments, auxiliary aids, and/or services are necessary if the current treatments are successful

Information regarding situations that may exacerbate the student's condition.

In addition to the Documentation Form for Physical Health Disorders, a summary report of the student's impairment may be submitted.

Please remember to sign and date the form once it is printed out.

Send the completed report to:

Disability Services Counselor

Lenoir Community College

PO Box 188

Kinston NC 28502

Fax: 252-233-6879 Phone: 252-527-6223 x 331

STUDENT'S NAME:

LCC ID #:

If LCC ID is not known, fill in **Social Security#:**

Items 1 thru 12 must be completed in full. Professionals conducting the assessment and rendering a diagnosis must be qualified to do so (e.g., a licensed physician). It is not appropriate for professionals to evaluate members of their family or others with which they have personal or professional relationships. The provider signing this form must be the same person answering the questions on the form below.

1. What is the student's diagnosis?

a. How long has the student had this disorder?

b. What is the severity of the disorder? Mild

Moderate

Severe

Explain the severity checked above:

c. What is the expected duration?

Chronic

Episodic

Short-term

Explain the duration checked above:

d. Is the student able to ambulate? Yes No

If the answer above is yes, how far can the student ambulate without stopping or resting (e.g., one block, one mile, etc.)?

e. Can the student negotiate stairs or is an elevator required?

2. State the following:

a. Date of first contact with student:

b. Date of last contact with student:

c. Date(s) current physiological assessment was completed:

d. Frequency of appointments with student (once a week, twice a week etc.):

3. Student's History:

a. Developmental History. Provide pertinent developmental information that was obtained from the student/parent(s)/guardian(s):

4. Student's Current Symptoms and Concerns:

a. Presenting Concerns. Provide information regarding the student's current presenting concerns:

b. Specific Symptoms. Provide information regarding the student's current symptoms:

5. Provide information regarding the student's symptoms that cause impairment in **two or more** settings (e.g., work, home, school).

6. Describe the differential diagnoses that were excluded. State the reasons for considering these diagnoses and the reasons for ruling them out.

7. List the student's current medication(s), dosage, frequency, and adverse side effects (if applicable for the above-mentioned disorder).

a. Are there significant limitations to the student's functioning directly related to the prescribed medications?

Yes

No

b. If yes, explain:

c. Provide an explanation of the extent to which the medication currently mitigates the symptoms of the disorder.

8. Provide information regarding the **impact**, if any, of the disorder on a **specific major life activity** (e.g., learning, eating, walking, interacting with others, etc.).

a. Does the student utilize a manual wheelchair, motorized wheelchair, scooter, crutches, etc.? If so, please explain.

b. Does the student currently utilize adaptive or assistive technology? If so, how will this equipment be utilized in a college setting?

9. State the student's **functional limitations** from the disorder specifically in a classroom or educational setting:

10. State specific recommendations regarding academic adjustments, auxiliary aids, and/or services for this student, and a **rationale** as to the reason these academic adjustments, auxiliary aids, and/or services are warranted based upon the **student's functional limitations** (e.g., if a note-taker is suggested, state the reasons for this request related to the student's condition).

11. If current treatments (e.g., medications) are successful, state the reasons the above academic adjustments, auxiliary aids, and/or services are necessary?

12. State specific recommendations regarding assistive or adaptive technology for this student, and a **rationale** as to how the assistive or adaptive technologies are warranted based upon the **student's functional limitations**. (e.g., if a screen reader is suggested, state the reasons for this request related to the student's disorder). Be as specific as possible (e.g., brand name, model #)

