



Documentation Guidelines for Physical Disability or Chronic Health Issues

Date: _____

I, _____, do hereby give permission for the release of information about me in your possession, which attests to the existence of a severe or chronic disabling condition, to Colby College. The said condition may restrict access to educational programs and activities unless reasonable accommodations are provided.

Please provide the following information on practice letterhead. The authorized release of information is to include, but not be limited to, the following:

1. Presenting diagnosis(es) utilizing diagnostic categorization or classification of the ICD or DSM-IV. Diagnoses should indicate primary, secondary, etc., and significant findings, particularly in respect to presenting problems.
2. Date the examination/assessment was performed for the presenting diagnosis, or if following the student for an extended time, date of onset and date of an evaluation of the condition that is recent enough to demonstrate the student's *current* level of functioning.
3. Tests, methodology used to determine disability.
4. Identify any major life activities that are severely limited by the student's condition, in comparison to most people and explain your opinion.
5. Identify the current functional impact on the student's physical, perceptual, and cognitive performance in activities such as mobility, self-care, note taking, laboratory assignment, and testing/accommodations.
6. Describe any treatments, medications, assistive devices/services the student is currently using. Note their effectiveness and any side effects that may impact the student's physical, perceptual, or cognitive performance.
7. Recommendations for accommodations. Explain the relationship between the student's functional limitations and the recommendations.
8. Credentials (certification, licensure, and/or training) of the diagnosing professional(s). Please note that the evaluator/treating professional may not be related to the student.

Student's Signature

Please forward letter to:

Barbara Moore
Associate Dean of Students
Coordinator of Academic Support Services
4250 Mayflower Hill
Waterville, ME 04901
207-859-4255 phone
207-859-4264 fax
