STATE OF IOWA
FRAMEWORK FOR DOCUMENTING A DISABILITY

ADA defines a disability as a substantial limitation of a major life function. Students requesting academic adjustments, accommodations, or auxiliary aids from the Academic Success Center (ASC) at the University of Dubuque are required to submit documentation of their disability to verify eligibility under the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and Academic Success Center’s policies. We suggest that students initiate a request for services and/or reasonable accommodations once their admission is confirmed by following these steps:

The three major steps to requesting accommodations are:

1. Submit documentation. The student must schedule an intake appointment with the Disability Services Coordinator to discuss available support services and the process for requesting accommodations and/or classroom adjustments. In order to fully evaluate requests for accommodations or auxiliary aids, the University of Dubuque will need documentation of the disability that consists of an evaluation by an appropriate professional and describes the current impact of the disability as it relates to the accommodation request.

2. Request service at the intake appointment. Submission of documentation is not the same as the request for services.

3. Participate in the determination of reasonable and appropriate accommodation.

AS APPROPRIATE TO THE DISABILITY, DOCUMENTATION SHOULD INCLUDE

1) A diagnostic statement identifying the disability, date of the current diagnostic evaluation, and the date of the original diagnosis. The diagnostic systems used by the Department of Education, the Area Education Agencies, the State Department of Rehabilitative Services or other State agencies and/or the current editions of either the Diagnostic Statistical Manual of the American Psychiatric Association (DSM-IV-TR) or the International Statistical Classification of Diseases and Related Health Problems of the World Health Organization (ICD) are the recommended diagnostic taxonomies.

2) The diagnostic criteria and or diagnostic test used. This description should include the specific results of diagnostic procedures, diagnostic tests utilized, and when it was administered. Diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process.
3) **A description of the current functional impact of the disability.** The current functional impact on physical, perceptual, cognitive, and behavioral abilities should be described either explicitly or through the provision of specific results from the diagnostic procedures. Currency will be evaluated based on the typical progression of the disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact functioning, and the applicability of the information to the current context of the request for accommodations.

4) **A description of current treatments, medications, assistive devices/services.** A history of treatments, medications, assistive devices, accommodations and/or assistive services to include statements about the effectiveness in minimizing the impact of the disability. Significant and potential side effects that may impact physical, perceptual, behavioral or cognitive performance should also be noted.

5) **A description of the expected progression or stability of the impact of the disability over time.** This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable needs for reevaluation.

6) **Recommendations for accommodations.** Depending on the impact of the condition on the individual, the statement should include suggestions or recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services that can help to provide full access. As appropriate, recommendations for collateral medical, psychological, and/or educational support services or training that would be beneficial may also be included.

Recommendations from professionals with a history of working with the individual provide valuable information for the review process. They will be included in the evaluation of requests for accommodation and/or auxiliary aids. Where such recommendations are congruent with the programs, services, and benefits offered by the University of Dubuque they will be given deference. When recommendations go beyond services and benefits that can be provided by the College, they may be used to suggest potential referrals to area service providers beyond the University of Dubuque.

7) **The credentials of the diagnosing professional(s).** Information describing the certification, licensure, and/or the professional training of individuals conducting the evaluation should be provided.

The review process includes an examination of the presented documentation to determine the functional limitation resulting from the disability and how that limitation impacts the goals and standards of the program or course.

Provisional accommodations might be offered in the interim, but a final determination of accommodations will not be made until the student's documentation is complete.
These guidelines were developed to assist students in obtaining the information needed to evaluate their accommodation request. Questions may be addressed to the Disability Services Coordinator at (563)-589-3757 or email MKRuiz@dbq.edu.

Sources of Information:

For high school students who received or are currently receiving special education services, the information requested may be contained in the assessment or in the high school records. Seldom would the IEP contain all the information necessary to determine eligibility or need. Because this information is not part of the general academic record, students must specifically request this information from their high school.

Individuals receiving vocational rehabilitation services may have needed information contained in the eligibility evaluation and/or their vocational plan.

Information relating to the disability is not part of the academic record and will not be sent with a transcript request. Consequently, individuals transferring to another college must request that the history of their accommodations and a copy of their documentation be sent from the transferring college’s disability office to the disability office at their new school upon signing a release.

All documentation is confidential and should be submitted to:

University of Dubuque
Academic Success Center
Megan Ruiz
2000 University Avenue
Dubuque, IA 52001
563-589-3757 * Fax 563-589-3722
Mkruiz@dbq.edu
SUPPORT FOR ACCOMMODATION REQUEST

Student’s Name: ________________________
ID #: _______________________________

Diagnostic statement:
__________________________________________________________________________________
__________________________________________________________________________________

DSM-IV Diagnosis: ___________________________________________________________________

Description of the diagnostic criteria and/or diagnostic test/instruments used:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Diagnostic test scores if available:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Date of current diagnosis/evaluation
Date or onset of diagnosis/evaluation

Name of Diagnostician
Degree/Credentials/Licensure

Signature
Date
Organization
Phone #

1 This form will be used in consideration for academic accommodation request and additional information may be needed to make adequate determination.
Description of the current functional impact of the disability:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Treatments, medications, assistive devices/services currently prescribed or in use:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Expected progression or stability of the impact of the disability:
__________________________________________________________________________________
__________________________________________________________________________________

History of accommodations:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Recommended accommodations:
__________________________________________________________________________________
__________________________________________________________________________________

Course of study:
__________________________________________________________________________________

Name of person completing this form | Title/Role | Phone #
-----------------------------------|-----------|--------

Signature | Date | Organization
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