



AMERICAN UNIVERSITY

W A S H I N G T O N , D C

ACADEMIC SUPPORT AND ACCESS CENTER

DOCUMENTATION FOR REQUESTING DISABILITY-RELATED ACCOMMODATIONS

To consider requests for disability-related accommodations or academic modifications, American University requires detailed and relevant documentation from a licensed clinical professional or health care provider. The provider must be familiar with the history and functional limitations of the student's condition and provide detailed information about the substantial nature and level of the impairment and its impact on major life functions. The provider must also make a recommendation for accommodation, and describe the nexus between the recommendation for accommodation and the impairment. The documentation provided cannot be from a relative or friend of the student or student's family.

The documentation provided can either be in the form of a report or letter and must be on professional letterhead, signed, and include the license number of the provider and address. The information provided must include the following:

1. a) diagnosis, if made
b) date diagnosed
c) last contact with student
2. a description of the student's presenting impairment and its substantial impact on major life functions
3. a description of any history that is relevant to the student's current functioning
4. a specific description of the impact of the student's impairment in a higher education setting
5. if the ability to attend class regularly or on time is an issue, a detailed description of why
6. if relevant to the student's accommodation request, a discussion of any history of hospitalization and any planned therapeutic interventions
7. if relevant to the student's accommodation request, a description of any medication the student takes and its side effects
8. a rating of the severity of the impairment on a scale of 1 (very mild) to 10 (very severe)
9. a) whether the condition is chronic, intermittent or expected to be temporary
b) if the condition is not chronic, the expected recovery time
10. a detailed recommendation for accommodations with an explanation of the relevance of the accommodations to the impairment described

Alternatively, the student's provider can complete the following Functional Impact Form in its entirety (10 questions) and return it by email to asac@american.edu, fax to 202-885-1042, or mail to the address below.

Thank you for your time and support in providing assistance to this student.

Mary Graydon Center 243



AMERICAN UNIVERSITY

WASHINGTON, DC

ACADEMIC SUPPORT AND ACCESS CENTER

Functional Impact Form

Student Name: _____ AU #: _____ DOB: _____

Provider Name: _____ Title: _____

Credentials: _____ License # _____

Address: _____

Phone: _____ Email address: _____

1. Diagnosis, if made: _____

Date diagnosed: _____ Last contact: _____

2. Provide information regarding the student's current presenting impairment and its substantial impact on major life functions.

3. Describe any history that is relevant to the student's current functioning.

5. Is attending class regularly or on time an issue? If yes, please describe in detail.

6. If relevant to the student's accommodation request, please discuss any history of hospitalization and any planned therapeutic interventions.

7. If relevant to the student's accommodation request, please describe any medication the student takes and its side effects.

8. Please rate the severity of the impairment on a scale of 1 (very mild) to 10 (very severe). _____

9. Is the condition chronic? Yes _____ No _____

If NO, expected recovery time: _____

10. Suggested Accommodations: Final determination of appropriate accommodations will be determined by the Academic Support and Access Center; however, suggestions and recommendations from the student's provider are encouraged along with an explanation of the relevance to the impairment that is described.

Multiple horizontal lines provided for writing suggested accommodations.

Signature of Student's Provider: _____

Date: _____

Please attach any test reports or other relevant information and return to the ASAC by email to asac@american.edu, FAX to 202-885-1042, or mail to the address below: