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
4400 Massachusetts Avenue, NW Washington, DC 20016-8027  202-885-3360  Fax: 202-885-1042  asac@american.edu
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.

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

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4. Check which of the following, if any, are affected significantly enough to have a negative impact in a higher education setting.

a)  
--- Speaking  
--- Breathing  
--- Listening  
--- Eating  
--- Writing  
--- Reading  
--- Receptive/expressive language  
--- Concentration  
--- Managing internal distractions  
--- Managing external distractions  
--- Time management/organization

--- Memory  
--- Walking/Physical Activity  
--- Sleeping  
--- Hearing  
--- Seeing/Vision  
--- Social Interactions  
--- Working in groups  
--- Stress management  
--- Making and keeping appointments  
--- Timely submission of assignments  
--- Attending class regularly and on time

b) Explain how the above checked items affect the student’s life in a university setting.

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

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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.

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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: