

Summary Cover Sheet for Physical/Sensory Disability Documentation

INSTRUCTIONS

To the Certifying Medical Professional: this cover sheet to be attached to your diagnosis report. In order to support the student's request for accommodations, the documentation explaining the diagnosis should be comprehensive. Whenever applicable, please follow the guidelines below:

- **History:** Your report should include a history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data.
- **Diagnosis:** your report should include a specific diagnosis.
- **Rule Out:** The report should provide evidence that alternative etiologies or explanations have been considered in a differential diagnosis and ruled in or out as appropriate. Such alternative explanations include substance abuse; medication effects; psychiatric, learning, and attentional disorders; and motivational factors affecting performance/functioning.
- **Impact:**
 - The documentation should describe the current functional limitations in the academic and employment environment. The description should include medical information describing the degree to which the current functional limitations restrict the condition, manner, or duration under which the student can perform a major life activity as compared to the average person in the general population.
 - The report should provide relevant information regarding current treatment for this or any other conditions, and their degree of impact on the student's academic performance.
 - Report should mention any mitigating factors, such as medication or hearing aids.
- **Accommodations:**
 - The documentation should include recommendations for accommodations, including a rationale for each accommodation requested. A link should be established between the requested accommodations and the functional limitations of the individual that are pertinent to the anticipated testing situation.
 - If there is no prior history of accommodations, the evaluator and/or the student should include a detailed explanation of why accommodations were not needed in the past and why they are now being requested.

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Student

Name _____
D/O/B _____ Phone _____
Address _____
Date(s) of evaluation _____

Certifying medical professional

Name _____
Phone _____ Email _____
Address _____
Professional title _____ Highest degree _____
License/certification, number, and state _____

Date of Report:	Date of first student contact:
Diagnosis(es):	

Is the course of this condition considered: Permanent and relatively stable _____ Permanent and variable _____ Permanent and progressive _____ Temporary _____ If temporary, please indicate estimated time of impairment/disability _____ If variable or progressive, please characterize expected fluctuations or progression in full report. Does this student take medication or undergo treatment that may adversely affect academic performance or behavior? Yes ___ No ___ If "yes," Please briefly describe (<i>please detail in full report</i>):

Please continue to other side

In your opinion, does any diagnosed condition above *substantially limit a major life activity*? **Yes** ___ **No** ___ **Not sure** ___

If yes, identify the condition above with an asterisk and briefly specify the substantially limited activities here (*full report should include detailed explanation of functional limitations*):

Summary of recommended accommodation(s) in law school, if any (*should be supported in the full report with a description of specific functional limitations and rationale for each accommodation suggested*):

Signature _____ **Date** _____