EASTERN CONNECTICUT STATE UNIVERSITY
83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Office of AccessAbility Services (OAS)
Documentation of Disability – Housing Accommodations

Dear Provider:

The Office of AccessAbility Services (OAS) at Eastern Connecticut State University complies with federal and state disability laws that prohibit discrimination and require that universities ensure equal access for qualified persons with disabilities to educational programs, services, and activities. Please complete the form below to assist OAS in determining your client's eligibility for disability services.

Please note:

- Any documentation provided to OAS becomes part of the student's "educational record," pursuant to the Family Educational Rights and Privacy Act (FERPA). Under the privacy protection and access provisions of FERPA, the student has the right to inspect his or her own educational records, if requested.
- Documentation for vision or hearing loss should include an acuity and/or audiology report that addresses the current impact of the disability as well as information about the specific assistive technology currently used by the student.

Please Note: To be eligible for services/accommodations, your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act and Amendments (ADAA).

These laws define a person with a **disability** as one who:

(1) has a physical or mental impairment which substantially limits one or more major life activities, or
(2) has a record of such impairment, or
(3) is regarded as having such an impairment.

Substantial Functional Limitation: Client is restricted in comparison to the average person in the general population as to the conditions, manner, or duration under which major life activities can be performed.

Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and functions including, but not limited to, the immune system, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, and reproductive functions.

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TO BE COMPLETED BY LICENSED DIAGNOSTICIAN OR TREATING PROFESSIONAL

Press the TAB key to navigate to each line.

Student's Name: _____

Student's Date of Birth: _____

Practitioner Name & Title: _____

Practice Name: _____

Phone/Fax: _____

Address: _____

License or Certification Number and State: _____

Specialty/qualification to make diagnosis: _____

Date of first contact: _____

Date of last appointment: _____

SECTION I – MEDICAL/PSYCHIATRIC DIAGNOSTIC INFORMATION

Please Note: A diagnosis alone is insufficient to determine eligibility for and/or reasonableness of accommodations. Please carefully complete all fields as applicable and be as specific as possible to avoid processing delays.

Primary Diagnosis: _____ **DSM-5 or ICD-10 Code:** _____

Date of Diagnosis: _____ **Severity:** Mild ☐ Moderate ☐ Severe ☐

Method/diagnostic tests and/or criteria used to determine diagnosis:

_____

_____

Symptoms that meet criteria for diagnosis (nature, frequency, severity):

_____

_____

Duration: Temporary (0-6 months) ☐ Permanent/Chronic ☐

Frequency: Episodic ☐ Persistent ☐

Press the TAB key to navigate to each line.

Secondary Diagnosis: _____ **DSM-5 or ICD-10 Code:** _____

Date of Diagnosis: _____ **Severity:** Mild ☐ Moderate ☐ Severe ☐

Method/diagnostic tests and/or criteria used to determine diagnosis:

_____

_____

Symptoms that meet criteria for diagnosis (nature, frequency, severity):

_____

_____

Duration: Temporary (0-6 months) ☐ Permanent/Chronic ☐

Frequency: Episodic ☐ Persistent ☐

Tertiary Diagnosis: _____ **DSM-5 or ICD-10 Code:** _____

Date of Diagnosis: _____ **Severity:** Mild ☐ Moderate ☐ Severe ☐

Method/diagnostic tests and/or criteria used to determine diagnosis:

_____

_____

Symptoms that meet criteria for diagnosis (nature, frequency, severity):

_____

_____

Duration: Temporary(0-6 months) ☐ Permanent/Chronic ☐

Frequency: Episodic ☐ Persistent ☐

Press the TAB key to navigate to each line.

Quaternary Diagnosis: _____DSM-5 or ICD-10 Code: _____

Date of Diagnosis: _____ **Severity:** Mild ☐ Moderate ☐ Severe ☐

Method/diagnostic tests and/or criteria used to determine diagnosis:

_____
_____

Symptoms that meet criteria for diagnosis (nature, frequency, severity):

_____
_____

Duration: Temporary (0-6 months) ☐ Permanent/Chronic ☐

Frequency: Episodic ☐ Persistent ☐

Current medication(s), dosage frequency, and adverse side effects:

_____
_____

List therapies, frequency of treatments including recent or anticipated hospitalizations:

_____
_____

SECTION II – DETERMINATION OF DISABILITY

Please discuss the impact of the diagnosis on the student's functioning in a college environment. Which major life activities are substantially limited by the diagnosis?

_____
_____
_____

Press the TAB key to navigate to each line.

How does the diagnosis impact or impair the student in the residence hall environment?

_____

_____

_____

If appropriate, please discuss housing accommodations that you recommend for this student, based on the impact of the diagnosis on the student in the residence halls. Please include a discussion/rationale for each recommended accommodation.

Accommodation Type	**Level of Medical Necessity**
_____	Low/Moderate ☐ High/Severe ☐

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_____	Low/Moderate ☐ High/Severe ☐

Accommodation Type	**Level of Medical Necessity**
_____	Low/Moderate ☐ High/Severe ☐

Please indicate any additional information that may assist in the exploration of reasonable accommodations.

_____

_____

Please state alternatives to meet the documented need if the above requests cannot be met.

_____

_____

Please discuss the impact on the student's ability to function at Eastern Connecticut State University if the accommodation(s) cannot be provided.

_____

_____

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Provider's Signature: _____ Date: _____

Please return form to:

Office of AccessAbility Services (OAS)
Wood Support Services, Room 204
Eastern Connecticut State University
83 Windham Street, Willimantic, CT
Phone: (860) 465-0189
Fax: (860) 465-0136

Affix business card or stamp in this box: