# **Disability Documentation Form**

This is an optional form intended to provide relevant information to the University of Oregon Accessible Education Center (AEC) on behalf of a student seeking accommodations for a disability. A student’s health or mental health provider may choose to provide alternative documentation in addition to, or in lieu of, this form. All documentation will be evaluated on a case-by-case basis. All information gathered regarding a student’s disability will remain confidential with the AEC.

This form should be completed by an appropriate qualified professional, such as the student’s treating or diagnosing health or mental health provider. This form cannot be completed by the student or their family member.

While it is ultimately the responsibility of the Accessible Education Center to determine whether the medical/mental health condition is a disability or the requested accommodations are reasonable, your assistance is critical in evaluating and providing student accommodations and supports.

Please use as much space as needed to answer each of the prompts below.

## **Student Information**

* Student Name:
* Date of Birth:
* UO ID Number:

## **Provider Information**

* Provider Name:
* Provider Title:
* Area of Specialization:
* Licensing state(s) and number:
* Address:
* Signature:
* Date:

## **Clinical/Therapeutic/Medical Relationship**

1. Describe the nature of the professional relationship between the health or mental health provider and the patient/client:
2. Dates or time frame during which the student has been under your care:
3. Date student was last seen by you:
4. Number of times student has met with you or frequency of appointments:

## **Disability Information**

Legal definition of disability: an individual with a mental or physical impairment that substantially limits one or more major life activities. Major life activities are basic activities that most people can perform with little or no difficulty and include (but are not limited to) seeing, hearing, walking, breathing, performing manual tasks, caring for oneself, learning, speaking, working, or the operation of a major bodily function. For more information, visit the [ADA National Network](https://adata.org/factsheet/ada-definitions).

1. Does this student meet the legal definition of disability listed above? Please indicate Yes, No, or Unknown. If No or Unknown, please explain:

**If you are providing documentation for housing accommodations ONLY (including for Emotional Support Animals (ESAs)), please skip questions 2-4, and proceed to question 5.**

1. What is the student’s medical/clinical diagnosis(es) as listed in the DSM-5 or ICD-10?
2. What is the basis for the student’s diagnosis(es)/how was the diagnosis reached (i.e. tests, clinical interview, observations, history, differential diagnosis)? Please attach a copy of any test results supporting the diagnosis(es), e.g. audiogram, vision report, or psychoeducational evaluation.
3. What are the symptoms that the student experiences related to their diagnosis(es)? Please include the duration, severity, and frequency of symptoms.
4. What are the functional limitations the student experiences as a result of their disability? Note: “Functional limitations” are distinct from “symptoms”. While symptoms describe physical or mental features which indicate the presence of a condition, functional limitations refer to the ways in which a physical or mental condition limits an individual’s ability to engage in major life activities, such as seeing, hearing, walking, breathing, performing manual tasks, caring for oneself, learning, speaking, working, or the operation of a major bodily function*.* In other words, how do the symptoms of the condition affect this person’s daily life or hinder their capacity to engage in activities?
5. Recommendations for specific accommodations (if any), and justification for each recommended accommodation (i.e. what is the direct relationship between the suggested accommodation and the student’s functional limitation(s)?):

**If you are providing documentation for an Emotional Support Animal (ESA), please also complete the following:**

1. What is the type of animal(s) for which the reasonable accommodation is sought?
2. Does the patient/client need the animal(s) because it does work, provides assistance, or performs at least one task that benefits the patient/client because of their disability, or because it provides therapeutic emotional support to alleviate a symptom or effect of the disability of the patient/client, and not merely as a pet? Please describe the connection between the students’ functional limitations and the work, assistance, task, or symptom alleviation the animal provides. (Note: Information about how the animal mitigates impacts of disability should be specific to the individual, rather than general information about the benefits of ESAs.)
3. Please describe how you have reached the conclusion and recommendation for the necessity of an ESA within University Housing. (Note: In general, documentation must establish a client-provider relationship of at least 30 days prior to providing the documentation requested regarding the individual’s need for an ESA.)

Additionally, if the animal is **not** a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small, domesticated animal that is traditionally kept in the home for pleasure rather than for commercial purposes, it may be helpful to provide the following additional information:

1. Any unique circumstances justifying the patient/client’s need for the particular animal (if already owned or identified by the individual):
2. Whether the health care professional has reliable information about this specific animal or whether they specifically recommended this type of animal.