



## Documentation Guidelines for Accommodation Request

### **Purpose of this memo**

1. Your patient has self-identified to the office for Accessible Campus Community & Equitable Student Support (ACCESS) as having a physical disability or a chronic health condition covered by the Americans with Disabilities Act as Amended (ADAAA). These guidelines are based upon the documentation requirements issued by the Educational Testing Services ([www.ets.org](http://www.ets.org)) and Association for Higher Education and Disability ([www.ahead.org](http://www.ahead.org)).
2. Please respond to each section of this document.

### **Credentials**

1. This letter must be typed on letterhead stationery which includes your credentials as a medical professional.  
**NOTE:** Documentation written by a student's family member will not be accepted because of professional and ethical considerations.
2. Identify your area of specialty.

### **Diagnostic Statement**

1. Provide a specific diagnosis (or diagnoses) of the student's condition. Note that a diagnosis in and of itself does not automatically warrant approval of requested accommodations.
2. Include any relevant information about steps that were taken to determine this diagnosis (i.e. medical examinations)
3. When was the student diagnosed with this condition?
4. How long have you been treating this student?

### **Functional Limitations**

1. Based upon this student's condition, please describe any functional limitations he/she has in performing a major life activity. A *current functional limitation* is a substantial impairment in an individual's ability to function with respect to the condition, manner, or duration of a required major life activity. Examples of a *major life activity* are as follows: walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself and performing manual tasks.
2. If the student is taking medication for this condition, how might this medication impact the student? Please include information about what medications are being taken by the student.

### **Recommendations and Rationale**

1. We would like to have rationale for each recommended accommodation to be provided based upon a medical reason.
2. If there is any other information that you believe would be helpful in assisting this student, please do provide this information.



### **Confidentiality**

Accessible Campus Community & Equitable Student Support (ACCESS) at SIUE will not release any information regarding an individual's diagnosis or medical information without the student's informed written consent or under compulsion of legal process. Information will be released only on a "need to know" basis, except where otherwise required by law. Your time and professional expertise greatly assists in fulfilling responsibilities as an accommodations provider. If you have any questions or concerns, please feel free to contact ACCESS.

**Please send this information to ACCESS using the contact information below.**

### **ACCESS**

Student Success Center, Room 1203  
Campus Box 1611  
Edwardsville, IL 62026-1611  
Office: (618) 650-3726  
Fax: (618) 650-5691  
Email: [myaccess@siue.edu](mailto:myaccess@siue.edu)