

Kutztown University of Pennsylvania

Disability Services Office (DSO)

Documentation Form

Instructions for Providers:

Thank you for assisting a Kutztown University student who is requesting academic accommodations through the Disability Services Office (DSO).

The purpose of this form is to obtain information that is necessary to determine reasonable academic accommodations in the postsecondary (college) environment, in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

Who Should Complete This Form:

This form must be completed by a licensed or credentialed healthcare provider who is qualified to diagnose and/or treat the condition(s) described, including but not limited to:

- Physicians (MD, DO)
- Psychologists (PhD, PsyD)
- Licensed clinical social workers (LCSW)
- Licensed professional counselors (LPC)
- Psychiatrists, nurse practitioners, physician assistants, or other relevant specialists

Important Note for Providers

- Documentation must reflect a current diagnosis using DSM-5 or ICD-10 terminology, when applicable.
- K-12 educational classifications (e.g. *Other Health Impairment, Emotional Disturbance, Oppositional Defiant Disorder* under IDEA) are not adult diagnoses and cannot be used alone to determine postsecondary accommodations.
- The Disability Services Office (DSO) does not provide diagnoses and does not automatically approve requested accommodations. Decisions are made on an individualized basis using clinical information, functional impact, and a conversation with the student.

What to Include:

Please complete all sections of the form, including:

1. Clear statement of diagnosis
2. Description of current symptoms and severity
3. Explanation of how the condition substantially limits one or more major life activities, particularly as they relate to learning in a college environment (e.g., concentration, reading, writing, attendance, stamina, executive functioning)
4. Current treatment and management (medication, therapy, supports, etc.)
5. Specific accommodation recommendations, with a brief rationale explaining how each accommodation addresses the functional limitations described.

Providing thorough, specific information helps ensure timely and appropriate determinations for the student.

Submission:

The completed form must be:

- Typewritten or clearly printed
- Include provider credentials and contact information
- Include provider signature and date

Please return the completed form directly to the student, who will submit the documentation to the Disability Services Office (DSO) through their secure Accommodate portal.

To protect student privacy and ensure timely processing, providers should not submit documentation directly to the Disability Services Office unless specifically requested by the student.

Kutztown University – Disability Services Office

Documentation Form for Academic Accommodations

Student Name: _____

Student Preferred Name: _____

Birthdate: _____

Kutztown ID (if applicable): _____

The remainder of this form is to be completed by a licensed health care provider.

Section I – Provider Information

Name: _____

Professional Title / Credentials: _____

License / Certification #: _____

State of License: _____

Practice / Clinic Name: _____

Address: _____

Phone: _____

Email: _____

Section II – Diagnosis and Diagnostic Basis

Primary Diagnosis: _____

Secondary or Coexisting Diagnoses (if applicable): _____

Date of Most Recent Evaluation: _____

Describe the method(s) used for diagnosis (clinical interview, psychological testing, medical exam, structured assessment, etc.): _____

Note: Documentation should include a clear statement of diagnosis and diagnostic methodology by a qualified professional.

Section III – Functional Impact

1. Describe the current symptoms of the disability/diagnosis and their severity: _____

2. Explain how the disability substantially limits one or more major life activities (learning, reading, concentrating, writing, communicating, etc.): _____

Section IV – Current Treatment and Management

1. Is the student currently under your care for this condition (yes or no)? _____

2. Describe current treatment(s), medications, therapies, and overall management plan: _____

Section V – Academic Impact

Explain how the functional limitations specifically impact the student's ability to participate in an academic setting: _____

Section VI – Accommodation Recommendations

List specific academic accommodations you believe are appropriate and explain how each will mitigate the identified limitations: _____

Section VII – Provider Signature

I certify that the information provided in this form is accurate to the best of my professional knowledge.

Provider Signature: _____

Date: _____

Submission Instructions for Students:

1. Download and open the *Documentation Form for Academic Accommodations*. Type your full name at the top of the form (page 3).
2. Provide the form to your treating licensed health care provider and ask them to complete all sections. You may also give them the *Provider Instructions* (pages 1 & 2) included with this form.
3. Remind your provider that the form must be:
 - a. Typed or clearly printed
 - b. Signed and dated
 - c. Include their professional credentials and contact information
4. Once your provider has completed the form, **they should return it to you**. You are responsible for submitting the completed documentation through your Student Accommodate Portal.
5. Submit the completed form through your [Student Accommodate Portal](#):
 - a. Log into Accommodate using your KU username and password.
 - b. Select *Documents* from the left-side menu, then select *Documents Pending Review*.
 - c. Click *Add New* and upload your documentation. You may upload multiple documents at one time. Once all documents are uploaded, select *Submit*.

Documentation Not Accepted:

- A brief note from a doctor that simply requests an accommodation.
- Information or notes written on prescription pads.
- Screenshots of a health portal.
- Copy of after-care instructions.
- Documentation of learning disabilities which is not comprehensive or which identifies “learning problems” or “learning disabilities” but does not specifically diagnose a learning disability.