

DOCUMENTATION FORM FOR MEDICAL PROFESSIONALS

Student's Name: _____ ID# _____

The student named above is applying for accommodations and/or services through the Department of Special Services (DSS) at Rowan College of South Jersey-Cumberland Campus. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed with a condition and must provide evidence that it represents a substantial limitation to a major life activity. It is important to understand that a diagnosis in and of itself does not substantiate a disability under the ADA/Section 504. In others words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to a traditional diagnostic report/evaluation. DSS expects the following in regard to this documentation form:

- The form will be completed with as much detail as possible as a partially completed form or limited responses will hinder the eligibility process.
- The assessment information is current to the degree necessary to determine current limitations.
- The form is being completed by a professional who has comprehensive training and direct experience in differential diagnosis and the diagnosis of the reported condition.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.

What is the diagnosis for this student? _____

Axis I: _____ Axis II: _____

Axis III: _____ Axis IV: _____

Axis V (GAF score): _____

Date of last contact with student: _____

How long has the student had this diagnosis/condition? _____

What is the expected duration of the diagnosis/condition? _____

What are the student's primary current symptoms and concerns? _____

What is the severity of the symptoms? _____ Mild _____ Moderate _____ Severe

Explain the severity indicated above: _____

Date(s) current assessment completed: _____

State the frequency of appointments with student (e.g., once a week, twice a month): _____

- (i) Explain how the symptoms related to the student's disorder cause **significant impairment** in a particular **major life activity**. The following are considered **major life activities by the ADA and may be eligible for accommodations** in a college setting: **Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working.**

- (ii) And/or explain how the symptoms related to the student's disorder cause **significant impairment** in the operation of a particular **major bodily function**. The following are considered **major bodily functions by the ADA and may be eligible for accommodations** in a college setting: The operation of a *major bodily function*, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

Department of Special Services
Rowan College of South Jersey
3322 College drive
Vineland, NJ 08362-1500
Phone (856)691-8600 x1282/x1445 Fax (856)691-6483
Email : mvicente@cc.rcsj.edu

List the student's relevant current medication(s), including dosage, frequency, and adverse side effects:

Provide an explanation of the extent to which the medication currently mitigates the symptoms of the condition and/or any substantial limitations related to the prescribed medications:_____

State the student's functional limitations from the disorder specifically to the college setting:

State specific recommendations regarding academic adjustments, auxiliary aids, assistive technology and/or services for this student and the reason these academic adjustments, auxiliary aids, assistive technology, and/or services are warranted based upon the student's functional limitations.

Certifying Professional

Name and Title

License or Certification #

Department of Special Services
Rowan College of South Jersey
3322 College drive
Vineland, NJ 08362-1500
Phone (856)691-8600 x1282/x1445 Fax (856)691-6483
Email : mvicente@cc.rcsj.edu

Company/Office/Institution Affiliation Name

Address

Phone #

City, State, Zip

Fax #

Signature of Certifying Professional

Date

Please Return To:

Department of Special Services
Rowan College of South Jersey, Cumberland Campus
3322 College Drive
Vineland, NJ 08362-1500

DOCUMENTATION RETENTION - All submitted materials will be held in DSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational records. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.