Documentation Guidelines

For more information about our guiding philosophy in establishing these documentation guidelines, please visit our website at http://www.meredith.edu/students/counsel/disability/students.htm#certification.

Documentation submitted to Disability Services should include the following elements:

1. The credentials of the evaluating professional(s).
   Documentation must be typed and submitted on official letterhead by a qualified professional who is licensed or certified in the area for which the diagnosis is made. Name, title, professional credentials, including information about license or certification as well as areas of specialization, employment, and state in which the individual practices, must be stated in the documentation. Please note that diagnosing professionals shall not be family members or others with a close personal relationship with the individual being evaluated.
2. **Documentation must be current.** Typically, documentation for Physical, Sensory, and Psychiatric conditions should be completed within the past year, while Learning Disabilities, ADHD, and other disabilities should be completed within the last 3 years.

3. **A clear diagnostic statement identifying the disability or disabilities** (using ICD or DSM classification). This should include the date of the most recent evaluation as well as the original diagnosis date, if applicable. Co-morbid conditions should also be described; please indicate which condition is primary and secondary, if applicable.

4. **A description of the diagnostic tests, methods, and/or criteria used including specific test results and the examiner's narrative.** Standardized testing should be applied appropriately and adult measures should be used. All standardized testing scores should be reported. Please note that screening instruments and checklists, though often used to support a diagnosis, are not sufficient indicators of impairment and will not be used to determine specific accommodations. Informal inventories, surveys, and direct
observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

5. **A description of functional limitations resulting from the disability.** Information on how the disability currently impacts the individual, the degree of impact, and how it relates to a college setting, provides essential information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self-report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate how a major life activity is substantially limited by providing a clear sense of the severity, frequency, and pervasiveness of the condition.

6. **A description of the expected progression or stability of the disability over time.** It is helpful when documentation provides information on expected changes in the functional limitations over time. Information of the cyclical or episodic nature of the disability, along with known environmental
triggers provides opportunities to anticipate and plan for varying functional impacts.

7. **A complete educational, developmental and medical history relevant to the disability** for which accommodations are being requested. This should also include a description of past accommodations, services, auxiliary aids, and medications, including their effectiveness in ameliorating functional impacts of the disability. For medications, please indicate any significant side effects that may impact physical, perceptual, behavioral, or cognitive performance.

8. **Recommendations for accommodations, adaptive devices, assistive services, treatment, and/or other services as it relates directly to the individual’s specific limitations and not the diagnosis.** It is most helpful when recommended accommodations and strategies are clearly aligned with functional limitations. Without demonstration of current need, the provision of accommodations is not warranted. A clear explanation of the relationship between requested accommodations and functional limitations is useful in decision making. Please note: Post-secondary institutions
have no obligation to adopt recommendations made by outside entities but may use this information to determine reasonable accommodations in the post-secondary setting.

**Insufficient Documentation**
When documentation submitted to the review team is incomplete, the student will be asked to seek an additional evaluation and/or clarifying information from the evaluator(s). An Individualized Education Plan (IEP), 504 Plan, or Summary of Performance (SOP) provides useful information, but is generally not considered sufficient documentation generally are not sufficient documentation to establish that the student is eligible for services and accommodations in an institution of higher education. Further, documentation that simply states a diagnosis and does not include information about the functional limitations and handwritten/case notes are generally not considered sufficient documentation.

**Provisional Certification**
When partial documentation is submitted, DS reserves the right to approve that student for provisional services for the current or upcoming semester. Partial documentation is defined as documentation that meets part, but not all, of the documentation
guidelines or that which establishes a history of being considered an individual with a disability. Provisional certification is intended to provide students with temporary accommodations and/or services while that individual seeks additional documentation in order to become fully certified and, thus, to be qualified to receive future accommodations.