

NORTHEAST OHIO MEDICAL UNIVERSITY

Provider Guidance: Documentation Form

This guidance is intended to help you complete the Documentation Form: Accommodation Request thoroughly the first time, so the University Student Accessibility Services Committee has what it needs to make a decision without requesting additional information. The single most important theme across this form is functional impact: describing not just the diagnosis, but specifically how it limits the student's current functioning in an academic, testing, or clinical training environment.

Question 1: Diagnosis, symptoms, severity, duration, expected impact

Name the specific diagnosis using DSM-5-TR or ICD-10 terminology. Describe current symptoms with enough detail to convey severity (mild, moderate, severe) and how long the condition has been present. Address whether the condition is expected to be lifelong, episodic, or improving, since this affects how accommodations are structured over time.

Question 2: Assessment and evaluation procedures

Identify what led to the diagnosis: clinical interview, standardized testing, rating scales, medical workup, or a combination. If formal testing was used, name the instruments. If the diagnosis was based primarily on clinical interview and history, say so directly.

Question 3: Current treatment regimen

List current medications with dosage and frequency, and note any side effects relevant to academic or professional performance (for example, sedation, difficulty concentrating, timing of peak or wearing-off effects). Include any psychotherapy or other ongoing treatment. If the student is not currently in treatment, note that as well.

Question 4: Current substantial limitation to learning

This is the most important item on the form. Describe specifically how the condition limits functioning in an academic or clinical training environment right now, not just in general life. Useful detail includes impact on sustained attention, processing speed, reading rate, working memory, fine motor skills, stamina during extended testing, or executive functioning (organization, time management, task initiation). Be as specific as possible about how and when the limitation shows up.

Question 5: Recommended academic accommodations

For each recommendation, briefly explain why it addresses the functional limitation described in Question 4. A direct link between the limitation and the accommodation is more useful to the committee than a list of accommodations alone.

Question 6: Past accommodations for this diagnosis

If you have recommended accommodations for this student previously, in this setting or another, describe what was recommended and whether it was effective. If this is the first time you are making a recommendation, note that as well.

Question 7: Other relevant information

Use this space for anything not captured above, such as anticipated changes in condition, upcoming treatment changes, or context about how the condition may interact with specific components of the academic or clinical environment.

What to avoid

- Restating the diagnosis without describing its functional impact in an academic or clinical training setting.
- Recommending accommodations without explaining why each one addresses the limitation described.
- General or boilerplate language not specific to this student's current presentation.
- Relying solely on the student's self-report without your own clinical correlation.

A note on completeness: documentation that clearly addresses functional impact and connects it to the requested accommodations is typically sufficient for the committee to make a decision without follow-up. Documentation that only restates the diagnosis often results in a request for additional clinical information, which can delay the review process.

Questions about this form or the review process can be directed to accommodations@neomed.edu.

NORTHEAST OHIO MEDICAL UNIVERSITY

Documentation Form: Accommodation Request

NEOMED provides academic accommodations to students with disabilities that reflect a current substantial limitation to a major life activity. To ensure the provision of reasonable and appropriate accommodations, this office requires current and comprehensive documentation from a treatment or assessment professional who is legally qualified to make the diagnosis. All documentation is reviewed on a case-by-case basis.

NAME OF STUDENT

DATE OF BIRTH

DATE OF BIRTH

DATE OF DIAGNOSIS

CLINICAL INFORMATION – TO BE COMPLETED BY TREATING PROFESSIONAL

1. Please describe the diagnosis, symptoms, severity of impairment, duration, and expected long-term impact.

2. Please describe the assessment and evaluation procedures or process used to make this diagnosis.

3. Please list the student's current treatment regimen, including any medications or psychotherapy currently being utilized. If the student is on medication, please provide the name, dosage, frequency, and possible adverse side effects as they relate to academic or professional performance.

4. Please describe how this diagnosis exhibits itself as a current substantial limitation to learning in an academic or professional environment.

5. Please list any academic accommodation recommendations that would help this student succeed in the graduate or professional environment. These recommendations will be used to help determine appropriate and reasonable accommodations.

6. Please state what academic accommodations, if any, you have recommended for this student in the past for this diagnosis.

7. Please describe any other relevant information not addressed above.

Note: Student Services will not accept disability-related documentation from treatment professionals who are related by blood, marriage, or adoption to the student requesting services. Student Services must be able to rely on treatment professionals with the highest capacity for objectivity.

SIGNATURE

DATE

PRINT NAME AND TITLE

ADDRESS (LINE 1)

PHONE

ADDRESS (LINE 2)

ADDRESS (LINE 3)

The information provided is maintained in Student Services in accordance with the Family Educational Rights and Privacy Act (FERPA) and will become part of the student's permanent file at NEOMED. Please allow 2 weeks from the date of submission for the review and approval process.

Direct questions about the accommodations application process to: accommodations@neomed.edu