



Documentation of a Medical or Psychological Disability

At Rensselaer, students who request accommodations for a disability are required to submit documentation to verify eligibility under Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). This form is provided in the interest of assuring that evaluation reports are appropriate to document eligibility for students who seek accommodations and/or services for a medical or psychological disability. **Please fill out the form completely.** If you prefer, instead of using the form, you may write a brief report on your letterhead, as long as the report includes the same requested information. Any questions should be directed to the Director of Disability Services at 518.276.8197 or dss@rpi.edu.

Student: _____ **Date:** _____

I. Diagnostic Statement Describing the Disability. Provide a clear diagnostic statement that describes how the condition was diagnosed, information on the functional impact, and details the typical progression or prognosis of the condition.

II. A Description of the Diagnostic Methodology Used. Include a description of the diagnostic criteria, evaluation methods/procedures, tests/ dates of administration, as well as a clinical observation and specific results. Diagnostic methods that are congruent with the particular disability and current in professional practice are recommended.

III. A Description of the Current Functional Limitations. Information on how the disabling condition(s) currently impacts the individual is necessary for both establishing a disability and identifying possible accommodations. It should identify the major life function that is being substantially limited.

IV. A Description of the Expected Progression or Stability of the Disability. Include statement on expected changes in the functional impact of the disability over time and context. If the condition is not stable, information on interventions for exacerbations (including the individual's own strategies) and recommended timelines for re-evaluation are helpful.

V. A Description of Past and Current Accommodations, Services and/or Medications.

VI. Recommendations for accommodations. Recommended accommodations and services must be logically related to the functional limitations.

Certifying Qualified Evaluator(s):

License Number: _____ State of Practice: _____

Printed/Typed Name: _____ Phone: _____

Address: _____

Email: _____

Signature: _____ Date: _____

ALL DOCUMENTATION WILL BE HELD IN THE STRICTEST CONFIDENCE

Please send to:

Disability Services for Students
Academy Hall, Suite 4226
Rensselaer Polytechnic Institute
110 8th Street
Troy, NY 12180

Fax: 518-276-6421
Email: dss@rpi.edu