



Saint Xavier
UNIVERSITY

Center for Accessibility Resources

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www.sxu.edu

Professional Provider Documentation Guidelines

Saint Xavier University students are eligible for services through Saint Xavier University's Center for Accessibility Resources. The purpose of the Center for Accessibility Resources is to ensure that qualified individuals with disabilities are provided with equal access, reasonable accommodations, and academic assistance at Saint Xavier University.

Students requesting accommodation based on their disability are required to have a documented disability as defined by applicable law, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Student requests for disability-related accommodations to the Center for Accessibility Resources must include documentation from an appropriate licensed professional provider. Documentation must sufficiently show the nature and extent of the disability and clearly demonstrate the need for the student's requested accommodation(s). Submitted documentation should also include: 1) identification of the disability/disabilities; 2) evaluation of how the disability/disabilities impair(s) functioning and/or participation and the level of impairment; and 3) accommodation recommendation(s).

There are several options to provide documentation, including, but not limited to: submission of a written statement¹ and/or completion of the Center for Accessibility Resources' Disability Information and Verification Documentation Form (enclosed below and available online in an editable PDF at: (<https://www.sxu.edu/student-life/student-success/accessibility-resources/index.html>)). If submitting the Center for Accessibility Resources' Disability Information and Verification Documentation Form, please: 1) complete the entire form, preferably in typewritten form; 2) address each diagnosis and attach any relevant supporting documentation, if the student has multiple diagnoses; and 3) provide supporting documentation (if any).

Before submitting any form of documentation, please note:

- Documentation must be current and relevant.
- Submitted documentation is not solely determinative of accommodations.
- Appropriate documentation will vary depending on the nature of a student's disability/disabilities.
- Documentation is confidential and is not incorporated into the student's other university records, but the student will have access to the information provided on their behalf.
- CAR may request additional documentation and/or clarification. If the selected provider requires a release form to release documents or information, please include the executed release form with any documentation provided and ensure that the consent for disclosure grants permission to "Saint Xavier University" for the purpose of "participation in educational programs at the University."
- Deficient information, incomplete responses or illegible handwriting may delay the review process.

Please submit completed forms to the Center for Accessibility Resources via email at: accessibilityservices@sxu.edu.

¹ A non-exhaustive list of standard components of a written statement includes: 1) diagnostic information/statement identifying the disability; 2) expected progression or stability of the described diagnosis over time; 3) current functional impact of the disability; 4) treatments, medications, accommodations, assistive devices currently prescribed or in use; 5) emergency protocols; and 6) other relevant information and/or documentation.

The Center for Accessibility Resources Disability Information and Verification Form

Student Information (to be completed by student)

By signing below, I request that the licensed professional named below complete the attached diagnostic information.

Student Signature: _____

Date: _____

Last Name (Print): _____ First Name (Print): _____ Middle Initial (Print): _____

Date of Birth: _____ Student ID #: _____

Status (check one): Current Student ☐ Transfer Student ☐ Newly Admitted Student ☐

Phone Number: _____

Email: _____

Name of Licensed Professional: _____

Title: _____

Licensed Professional Information (to be completed by a professional)

Provider Name: _____

Title: _____ License #: _____ State: _____

Address: _____

Phone Number: _____

Email: _____

Fax Number: _____

Diagnostic Information (to be completed by professional)

1. Student Name: _____
2. Date of first contact with student: _____ Date of last contact with student: _____
3. What is the diagnosis(s) for this student? Please include date of diagnosis and diagnostician.

ICD or DSM V	Diagnosis	Date of Diagnosis	Diagnostician

4. Describe the symptoms that meet the criteria for the above diagnosis/diagnoses:

5. What tests, assessments or evaluations were used to determine the above diagnosis/diagnoses?
Please attach test results and diagnostic reports:

6. Does the student's disability/disabilities limit a major life activity?² If so, please (i) identify the major life activity/activities that are limited; (ii) explain how the student's disability/disabilities limit(s) the major life activity/activities; and (iii) categorize the limitation using the following categories: negligible, moderate, substantial, severe or indeterminable.

² A non-exhaustive list of major life activities includes: caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, working and major bodily functions.

7. Please list all medications and therapies, including over the counter and non-medication treatment, which the student is currently using to manage this condition.

8. Do current medications and/or treatments mitigate the functional impact of the condition? If no, please explain.

9. How frequently is the student affected by this condition?

☐ Daily ☐ Weekly ☐ Monthly ☐ Seasonally ☐ Other:

10. Describe the expected duration and/or progression of the diagnosis/diagnoses:

11. Please describe any situations or environmental conditions that may exacerbate the student's disability/disabilities or symptom(s):

12. Are there accommodations, services, or auxiliary supports that are recommended for this student?

If so, please explain the relevance of the recommended accommodation, service, or auxiliary support to the diagnosed disability/disabilities:

13. If a **housing accommodation** is recommended, describe the current impact of the diagnosis, including the negative health impact that may result if housing accommodations are not met. Please be specific as the student's diagnosis must be directly related to their inability to live in a traditional residential community:

14. If an **Assistance/Emotional Support Animal** is recommended, describe the current impact of the diagnosis, including the negative health impact that may result if an Assistance/Emotional Support Animal is not granted. Please be specific as the student's diagnosis must be directly related to their inability to live without an Assistance/Emotional Support Animal:

Please describe the actual functional limitation of the condition(s).

15. Does this student have any life-threatening allergies? ☐ Yes ☐ No

Allergy	Symptom(s)	Protocol

16. Does this student have **an** emergency medical plan?

☐ Yes ☐ No

A medical plan is attached ☐ Yes ☐ No

17. Additional information:

By signing below, I agree that the attached information is accurate to the best of my knowledge and provided in accordance with my best professional judgment.

Provider Signature: _____

Provider Name (Print): _____

Date: _____

For questions regarding this form, please call the Center for Accessibility Resources at 773-298-3956 during business hours (Monday through Friday from 8:00 a.m. to 4:30 p.m. Central Standard Time). Please submit completed forms to the Center for Accessibility Resources via email at: accessibilityservices@sxu.edu.

This document is subject to the requirements delineated by the Family Educational Rights and Privacy Act of 1974 (FERPA) and may not be released without written permission from the student.