

Documentation Guidelines for Chronic Medical/ Health Disabilities

These guidelines apply to students who have chronic disabilities in the following areas:

- **Mobility** - such as use of wheelchair, crutches, cane, or impaired hand coordination
- **Systemic**- includes chronic illnesses or conditions such as diabetes, cancer, migraines, epilepsy, as well as cardiovascular, autoimmune, and nervous system disorders
- **Acquired brain injury**- affecting processing speed, memory, communication, motor, sensory, physical, and/or psychosocial abilities

Students requesting accommodations for a disability listed above are asked to submit documentation that meets the guidelines listed below. In addition, individuals with acquired brain injury may need to submit the following psycho-educational test battery:

- an individually administered **Aptitude Test** battery (Intelligence or Cognitive tests) with all subtests included, such as **The Wechsler Adult Intelligence Scale – 4th Edition (WAIS-IV)** or the **Wechsler Intelligence Scales for Children - 5th Edition (WISC-V)**.
- an **Achievement Test** battery, also called an academic achievement battery, such as **The Woodcock Johnson Psycho-Educational Battery: Tests of Achievement**. The Wide Range Achievement Test (WRAT) is not comprehensive and is not acceptable as the sole measure of achievement. Achievement tests must show current academic functioning in:
 - reading - decoding and comprehension of long passages typical of college texts,
 - mathematics - applied word problems and calculations, specifically algebra problems
 - written language skills - spelling and written expression.
- an **Information Processing** battery, such as the **Detroit Tests of Learning Aptitude (DTLA)** or subtests from the **WAIS-IV** or **WISC-V**. These assessments must describe strengths, weaknesses, and deficits in:
 - visual-spatial abilities,
 - memory (auditory and visual; short-term and long-term),
 - executive functions including: processing speed, attention, and auditory processing.
- Suggestions of reasonable accommodation(s), which might be appropriate at the post-secondary level, are encouraged. These recommendations should be supported by the diagnosis.

1.) **A Qualified Evaluator**. Professionals conducting assessments, rendering a medical diagnosis, and making recommendations for appropriate accommodations must be

qualified to do so. These are physicians, including licensed M.D.'s and D.O.'s. Documentation must meet the following criteria:

- include the name, title, and professional credentials of the evaluator
- be presented on the professional's letterhead, typed, dated, signed, and legible
- the evaluator may not be an immediate family member.

2.) **Current Documentation.** Reasonable accommodations are based on the current impact of a disability. Therefore, it is critical that medical documentation describe an individual's current level of functioning and need for accommodations. A full report from a treating healthcare professional completed within the past twelve months is considered current, unless the condition is permanent/unchanging. The documentation may need to be updated annually by using the **DRC 102 Form** so that we can best accommodate the student . It would be helpful to note whether the condition or diagnoses is permanent or unchanging, if applicable.

3.) **Comprehensive Documentation.** Medical disabilities encompass a myriad of conditions. In addition, medical conditions are often changeable in nature, and sometimes difficult to categorize. Documentation must therefore be thorough, giving a full picture of the individual, not simply a diagnosis. A diagnosis alone is not a basis for accommodation. Documentation must include:

- A clear diagnosis of medical disability must be rendered including:
 - **clear statement of** diagnosis, the subtype if applicable, with *ICD-10* code
 - the diagnostic criteria on which the diagnosis is based
 - **CANNOT INCLUDE** wording such as "seems to indicate" or "suggests."
- A discussion of any of the following, as applicable:
 - a history of presenting symptoms and relevant medical history
 - description of current impairment
 - a summary of assessment procedures and evaluation instruments/reports used
 - diagnosis duration and severity of the disorder
 - treatment and medication history, including medication side effects
 - documentation of assistive devices and technology used, with estimated effectiveness; this would include a history of any disability-related accommodation(s)
 - status of the individual's condition - static, improving, or degrading
 - expected progression of the condition over time

- The current functional limitations – the ways that the diagnosed disability substantially limits the student in a major life activity – of the individual in an academic environment.
- Appropriate and specific recommendations for accommodation in an academic environment, accompanied by clear rationale supported by interview, observation, and/or testing.

4.) **Supporting Documentation.** The qualified physician's report, while necessary, is by no means the only documentation we can use to better understand and accommodate the student with a chronic medical/ health disability. Other helpful documents include: reports/recommendations from rehabilitation centers and/or programs, records of previous accommodations, high school 504 plans or IEPs and previous medical evaluations. Please see the **DRC 102 General Medical and/or Mental Health Documentation Form**, should you wish to add this to your supporting documentation.

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*Please note the on-campus DRC office is currently closed. Students must submit documentation as an attachment to drc@emich.edu prior to their scheduled appointment. Please visit the [DRC website](#) for additional information.