HEALTHCARE PROVIDER DOCUMENTATION FORM
SUPPORTING ACADEMIC ACCOMMODATIONS

PROVIDER: The Office of Accessibility Services/OAS at Florida State University/FSU complies with all federal and state disability laws to ensure equal access to educational programs, services, and activities for qualifying students with a disability. As the doctor/professional thoroughly familiar with this student’s condition and functional limitations, this form serves to appropriately document your patient/client’s current condition. Additionally, it will assist the OAS in determining proper and reasonable accommodations. Additional paper may be attached if the space provided is insufficient.

Student’s Name: __________________________________________________________

1. Specific diagnosis/disability (include DSM-5 diagnostic code): __________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. Date of diagnosis: _______________________________________________________________________________________________

3. Expected duration of the condition: _________________________________________________________________________________

4. Procedures/assessments used to diagnose this condition (ATTACH COPIES of any psychological evaluation used in making/confirming diagnosis.):
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. Current severity of this condition: ________________________________________________________________________________

6. Prescribed treatment and/or medications: _____________________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

7. Description of the current functional impact of the disability on the student’s academics. Please be sure to connect the diagnosis to the functional impact.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

https://dsst.fsu.edu/oas/faculty also to replace Academic Accommodation Documentation Form -
https://dsst.fsu.edu/oas/students/applying-for-services/support-for-accommodation-form both PDF & Word format as “Intake Interview” for student doesn’t need to be included

Florida State University
Office of Accessibility Services
8. Known history of accommodations (if applicable): ________________________________

______________________________________________________________________________

______________________________________________________________________________

9. Recommended Accommodations – please be sure to connect the diagnosis to the recommended accommodations: ________________________________

______________________________________________________________________________

______________________________________________________________________________

CLINICAN’S NAME (Printed): _______________________________________________________________________

CLINICIAN’S SIGNATURE: ___________________________________________________________________________

CREDENTIALS: ______________________________________________________________________________________

SPECIALTY, IF ANY: _________________________________________________________________________________

LICENSE/CERT. #: _______________________________________     STATE: ___________ DATE: ______________

*Please attach your business card.
Florida State University  
Office of Accessibility Services

ACCOMMODATIONS FOR ONLINE/REMOTE COURSES AT FSU

As Florida State University moves course contents online, please be aware that some students with disability accommodations may be disproportionately impacted by the transition. The Office of Distance Learning/ODL is working with the Office of Accessibility Services/OAS to identify accommodation needs that instructors should be aware of when delivering course content remotely. Below are student accommodations they may need along with suggested appropriate way(s) to address these needs in the online environment:

a) Ability to audio record lectures  
b) Adaptive technology  
c) Alternate assignment format – writing  
d) Alternate text formats  
e) Alternative testing  
f) ASL Interpreting Services  
g) Attendance accommodation  
h) Breaks during class sessions  
i) Clarification of expectations and instructions  
j) Closed captioned films, videos, and/or YouTube  
k) Closed captioning  
l) Do not call on student unless the student volunteers  
m) Ensure accessibility of web-based content  
n) Extension on assignment due dates  
o) Extra time for in-class written work  
p) Instructor to face class when speaking  
q) Instructor to work with student on modifying public speaking/presentation  
r) Leniency with spelling and grammatical errors  
s) Note-taking services  
t) Provide all course materials/information in accessible electronic format  
u) Provide class schedule of due dates for assignments, quizzes, and exams  
v) Provide copies of directions and/or instructions in auditory format (read information on the board)  
w) Provide copies of instructor notes and/or handouts  
x) Provide lecture/instructor notes, PowerPoints, and/or handouts prior to class  
y) Supplemental note-taking assistance, especially when absent
DOCUMENTATION GUIDELINES

As appropriate to the disability, documentation should include:

1. **An initial meeting with students is the most important part of documentation where their history and experiences in an educational setting are discussed.**
   It is sometimes possible to evaluate whether a requested accommodation is reasonable or not with minimal reliance on external documentation. Documentation from an appropriate licensed and/or certified professional (MD, Audiologists, Ophthalmologists, Psychologists) is also helpful to understand learning needs in our environment. The diagnostic systems suggested in the recent editions of either the Diagnostic Statistical Manual of the American Psychiatric Association (DSM-V) or the International Statistical Classification of Diseases and Related Health Problems of the World Health Organization (ICD) are the recommended diagnostic taxonomies.

2. **Diagnostic criteria and or diagnostic test used.**
   This description should include the specific results of diagnostic procedures, diagnostic tests utilized, and when it was administered. Diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process.

3. **Description of the current functional impact of the disability.**
   The current functional impact on physical, perceptual, cognitive, mental, and behavioral abilities should be described either explicitly or through the provision of specific results from the diagnostic procedures. This will be evaluated based on:
   - the typical progression of the disability,
   - its interaction with development across the lifespan,
   - the presence or absence of significant events (since the date of the evaluation) that would impact functioning,
   - and how the information applies to the current situation of the request for accommodations.

4. **A history and description of current treatments, medications, accommodations, assistive devices and/or assistive services.**
   Significant and potential side effects that may impact physical, perceptual, mental, behavioral or cognitive performance should also be noted.

5. **Description of the expected progression or stability of the impact of the disability over time.**
   This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations for re-evaluation.

6. **Recommendations for accommodations.**
   Recommendations from professionals with a history of working with the individual provide valuable information for the review process. They will be included in the evaluation of request for accommodations. When recommendations go beyond services that are or can be provided by the University, they may be used for referrals to services outside of Florida State University. Depending on the impact on the individual, the statement should include:
   - suggestions or recommendations for accommodations,
   - adaptive devices,
• assistive services,
• compensatory strategies,
• and/or collateral support services that can help to provide full access.

✓ As appropriate, recommendations for collateral medical, psychological, and/or educational support services or training that would be beneficial may also be included.

7. **Credentials of the diagnosing professional(s).**
   Information describing the certification, licensure, and/or the professional training of individuals conducting the evaluation should be provided. It is important to have the documentation on an official letterhead.

[https://dsst.fsu.edu/oas/students/applying-for-services/documentation-guidelines](https://dsst.fsu.edu/oas/students/applying-for-services/documentation-guidelines)

**REQUESTING DISABILITY-RELATED SERVICES AT FLORIDA STATE UNIVERSITY**

Students requesting accommodations and/or auxiliary aids from the Office of Accessibility Services/OAS at Florida State University can submit documentation of their disability and request a meeting to discuss their needs. Information in the documentation will assist the university in determining adequate, appropriate, and reasonable accommodations. In addition to submitting documentation, students seeking services must also request services and participate in the determination of accommodation needs.

The three major steps to requesting accommodations are:

1. **Supporting Documentation:**
   In order to fully evaluate requests for accommodations or auxiliary aids, Florida State University requires that disability documentation include an evaluation of the student by an appropriate professional. The documentation must describe the current impact of the disability. A completed OAS application is also a necessary part of a student’s documentation.

2. **An Intake Meeting:**
   This is the most important portion of acquiring accommodations. Students must schedule an intake appointment with an OAS Accessibility Specialist to discuss available support services and the process for requesting accommodations. Meetings can be scheduled in person, by phone, or online (Zoom).

3. **Participate:**
   It is important for students to participate in the determination and selection of reasonable and appropriate accommodations.

The review process by an OAS Accessibility Specialist includes:
   a) an examination of the presented information to determine the functional limitation resulting from the disability,
   b) and how the limitation impacts the ability of the student in the university environment.

Temporary accommodations might be offered in the interim, but a final determination of accommodations will not be made until all appropriate information has been gathered.

The following guidelines were developed to assist students in obtaining the information needed to evaluate their accommodation request. Questions may be addressed to the OAS at 850.644.9566 (V); 850.270.5370 (VRS); 850.645.1852 (Fax) or email to oas@fsu.edu.
HOUSING ACCOMMODATION DOCUMENTATION

The Office of Accessibility Services/OAS at Florida State University/FSU complies with all federal and state disability laws to ensure equal access to educational programs, services, and activities for qualifying students with a disability.

As the doctor, healthcare provider, or licensed clinical professional thoroughly familiar with and treating this patient/client, please make a direct connection to the requested accommodation based on the student’s functional limitations. This completely filled out form will serve as documentation of this student’s current condition and assist the OAS in determining the proper and reasonable housing accommodation(s). Additional paper may be attached if the space provided is insufficient.

Student Name: ________________________________________________

1. Specific diagnosis/disability (include diagnostic code): __________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Date of diagnosis: ____________________________________________

3. Procedure/assessments used to diagnose this condition (Attach copies of results): __________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. Current severity of this condition: _________________________________________________________

5. Expected duration of this condition: _______________________________________________________

6. Date of last office visit for this condition: _________________________________________________

7. Prescribed treatment or medications: _______________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
8. Describe how this condition substantially limits a major life activity. :

___________________________________________________________________________________________________

____________________________________________________________________________________________________

9. How will this limitation(s) affect the student’s ability to participate in student life, specifically housing and academics? :

___________________________________________________________________________________________________

____________________________________________________________________________________________________

10. Recommended housing accommodation – please be specific. Recommendation must be clearly linked to functional limitations. :

___________________________________________________________________________________________________

____________________________________________________________________________________________________

11. Why is this accommodation necessary for this student’s condition? :

___________________________________________________________________________________________________

____________________________________________________________________________________________________

12. An alternative if the recommended housing accommodation is not available. :

___________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

SIGNATURE OF PHYSICIAN/CLINICIAN: ________________________________

CREDSIALS: ________________________________ SPECIALTY: __________________

LICENSE/CERT. #________________________ STATE: __________

DATE: ________________________________

*Please attach your business card.