

## Physical Disabilities

Collin College follows the Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008 (ADAAA), and Section 504 of the Rehabilitation Act of 1973 in developing accommodations with students. Academic accommodations by the ACCESS Office are there to ensure **equal access** to educational activities and programs at Collin College.

Third party documentation can be considered as part of an interactive and individualized process that allows the ACCESS Office to determine eligibility and understand how a student's disability substantially limits one or more major life activity. Reasonable accommodations are recommended based on an understanding of the student's needs, functional limitations, and proposed academic adjustments.

Students are encouraged to upload any third-party documentation when they complete the Student Disclosure and Accommodations Request Form. However, having this documentation on file is *not* a requirement to schedule a meeting.

If you do not have documentation supporting a diagnosed disability, the attached form can be completed by an Medical Professional, Psychologist, Psychiatrist, etc. to support a diagnosed disability.

**Physical disabilities** encompass a broad range of medical conditions and may include difficulty with physical mobility, dexterity, or chronic health problems. Students may have one or more physical conditions for which they are being treated and these may be temporary, chronic, or progressive in nature. Students requesting support services through **ACCESS** are asked to submit current documentation of their disability, which limit major life activities.

These guidelines will assist you in working with your medical professional to prepare information needed for **ACCESS** to determine your eligibility for requested academic accommodations. The documentation must include:

1. An evaluation and diagnosis made by a medical doctor or appropriate specialist licensed in the specific field of disability. The evaluator's name, title, and professional credentials and affiliations should be provided. The professional address and phone number of the medical doctor or appropriate specialist must be included. **The evaluator must be impartial and not related to the person being evaluated.**
2. Documentation from the medical professional or appropriate specialist must be typed on letterhead.

Accommodations at Collin College for Equal Support Services

3. The documentation needs to include but is not limited to:
  - Specific medical diagnosis for the disabling condition(s)
  - Indication of the status of the disability:

Is the disability stable, chronic, progressive, fluctuating? Is the disability temporary or permanent?
  - Statement regarding severity of the disability (mild, moderate, severe)
  - Assessment and information regarding the **specific academic functions affected by the disability** (e.g., ability to concentrate, ability to attend class regularly, ability to write, ability to sit for long periods of time)
  - Recommendations for academic accommodations based on **specific features/symptoms of the disability, for example:** special seating, adaptive technology/equipment, etc.  
Recommendations must include rationale
4. The diagnosis must be **current** and should accurately reflect how the disability impacts the student in a college setting in terms of major life activity limitations.
5. Based on the nature/stability of the disability, students may be required to provide updated information when functional limitations change in major life activities.
6. Medical professional may complete the **Documentation Guidelines for Physical Disability form** to assist in providing requested information.

***Documentation received will be reviewed by an ACCESS Office Advisor and discussed with the student. An interactive conversation will be held with student to discuss possible accommodations. During peak times, we request at least two to three weeks to set up possible accommodations with the student. Providing documentation does not automatically qualify an individual for academic accommodations.***

**Physical Disabilities Form**

I, \_\_\_\_\_, request that \_\_\_\_\_ complete and submit the document below to **Collin College's ACCESS Office** to assist them in determining my eligibility for academic accommodations. I consent to the release of this information and any other pertinent medical evaluations/records to Collin College. I understand that I can revoke this Consent by giving written notice of revocation.

Student Name (print)	Student Signature	Date	DOB

***If under 18 years of age, a parent must also sign this request.*** \_\_\_\_\_  
Parent Signature Date

Dear Medical Professional,  
 The above-mentioned student has applied for academic accommodations with Collin College. In order to determine possible accommodations, we need your medical / clinical assessment of this student. We are requesting the necessary information to determine if this student's medical condition substantially limits one or more major life activities, including learning. **Please print or type.**

- 1) Please list student's diagnoses and medical condition: \_\_\_\_\_
- 2) Date of initial diagnosis: \_\_\_\_\_
- 3) Is the patient currently under your care?    Yes / No    Date last seen: \_\_\_\_\_
- 4) Medical condition is: acute / permanent  
 If acute, anticipated date of full recovery: \_\_\_\_\_
- 5) Medical condition is: stable / progressive



## Documentation Guidelines Physical Disabilities Form

Student's Name: \_\_\_\_\_ Primary Diagnosis: \_\_\_\_\_

Please indicate below which major life activities are currently affected in an educational setting, because of the medical condition and indicate level of limitation.

Major Life Activity In the Learning Environment, <u>as it relates to the medical condition you are treating</u>	No Impact	Moderate Impact	Substantial Impact	Don't Know
Sitting				
Standing				
Walking				
Climbing				
Reaching				
Lifting				
Breathing				
Speaking				
Hearing				
Seeing				
Writing				
Typing				
Sleeping				
Memorizing				
Reading				
Caring for oneself				
Other (please specify)				

**Physical Disabilities Form**

**Student:** \_\_\_\_\_ **Primary Diagnosis:** \_\_\_\_\_

Please list any additional functional limitations for this student in a post-secondary educational setting:

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Please list recommendations for academic accommodations based on functional limitations you listed above:

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**\*\*\*Please indicate any medical issues or procedures that need to be in place in the event student has an episode in class. Collin's current procedure is to call 911 for EMT. Collin does not have designated medical personnel / office. If this is not advised, please explain recommended procedure for student in the event of a medical emergency.**

*The evaluator must be impartial and not related to the person being evaluated!*

**Certifying Medical Professional:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Medical Professional's Name (print) / Title

\_\_\_\_\_  
Medical Professional's Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Fax

***Please mail or fax completed form with supporting documents to the address below:***