

**Accommodation Documentation Form**  
**Central Michigan University Student Disability Services**

250 E. Preston Street, Park Library 120

Mt. Pleasant, MI 48859

P: 989.774.3018 F: 989.774.1326

[sds@cmich.edu](mailto:sds@cmich.edu)

The information submitted to Student Disability Services should reflect the most currently available information. **This form must:**

1. Be completed by a qualified medical or mental health professional. Diagnoses of disabilities documented by family members are unacceptable.
2. Be completed by a professional with first-hand knowledge of the condition(s).
3. Be completed as clearly and thoroughly as possible. Incomplete responses and illegible handwriting will require additional follow-up.
4. Be supplemented with reports which may include psychoeducational or neuropsychological reports, if appropriate. Please do not provide case notes or rating scales without a narrative that explains the results.
5. Be completed with the understanding that the Americans with Disabilities Act (ADA) defines the term “disability” as a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Note: Section I must be completed by the student’s healthcare provider for all accommodation requests. If the student is requesting Housing Accommodations and/or an Assistance Animal, the healthcare provider must also complete Section II and/or Section III, as appropriate.**

**Submit Information to:**

Central Michigan University

Student Disability Services

250 E. Preston Street

Park Library 120

Mt. Pleasant, MI 48859

Fax: 989.774.1326

Email: [sds@cmich.edu](mailto:sds@cmich.edu)

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
                         First                M.I.                Last

**SECTION I: DIAGNOSTIC INFORMATION**

Provider Name (PRINT): \_\_\_\_\_

Provider Signature: \_\_\_\_\_

License or Certification #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

1. Date of first contact: \_\_\_\_\_ Date of last contact: \_\_\_\_\_

2. Diagnostic information: Please complete the chart below for any diagnoses determined or confirmed under your care.

Diagnosis:	Diagnostic code:	Date of diagnosis:	Level of severity:	Does this condition rise to the level of a disability? (See ADA definition on page 1.)
1.			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Yes <input type="checkbox"/> No Temporary: Yes / No Until: _____
2.			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Yes <input type="checkbox"/> No Temporary: Yes / No Until: _____
3.			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Yes <input type="checkbox"/> No Temporary: Yes / No Until: _____
4.			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Yes <input type="checkbox"/> No Temporary: Yes / No Until: _____
5.			<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Yes <input type="checkbox"/> No Temporary: Yes / No Until: _____

3. How did you arrive at your diagnosis? Please check all that apply.

- Clinical Interview (structured or unstructured)
- Physical Exam
- Psychoeducational Testing (Dates of testing: \_\_\_\_\_)
- Neuropsychological Testing (Dates of testing: \_\_\_\_\_)
- Other (Please specify): \_\_\_\_\_

4. Please check all that apply to this student:

**Classroom:**

- has difficulty focusing as a result of their disability
- is unable to simultaneously take notes and listen to what is being said
- is unable to engage peers or work collaboratively
- has seating considerations (needs to sit in the front)
- has seating consideration (needs to be by a door)
- has seating consideration (other, please explain)

**Exams:**

- becomes overly anxious in timed situations (more than typical)
- experiences uncontrollable intrusive thoughts when under pressure and/or anxious
- engages in repetitive ritual(s) when under pressure and/or anxious
- needs to take short breaks during exams
- becomes easily distracted or has difficulty focusing during exams

**Attendance (if any are checked, see question 6):**

- is sometimes unable to attend class due to their disability
- needs to leave class occasionally due to their disability
- is not able to take a full course load of classes due to their disability

5. Give **rationale as to why this student cannot attend** class, if applicable.

6. Describe any other relevant impact or symptoms of the disability.
  
  
  
  
  
  
  
  
  
  
7. Discuss any side effects related to treatment or medication that may be relevant to identifying accommodations.
  
  
  
  
  
  
  
  
  
  
8. Provide any additional information you feel is pertinent or may be of use in identifying reasonable accommodations.

## SECTION II: HOUSING ACCOMMODATION INFORMATION, IF APPLICABLE

If Housing Accommodations are being requested due to the student's disability, this section must also be completed by a qualified medical or mental health professional.

Note: Research shows that living in a community with people from different backgrounds, values, personalities, and interests is an integral part of the college experience. Our goal is for students to learn from their on-campus living experience. Sharing a living space with others can be stressful, and conflicts may arise. However, there are benefits to experiencing conflict; these types of situations provide students with opportunities to strengthen communication skills, better understand their values, and learn to compromise and negotiate. All of these are necessary real-world skills.

1. Provide recommendations for **campus housing** accommodations, if necessary due to a disability. Please state the disability and describe in detail how it substantially limits one or more major life activities (walking, seeing, hearing, speaking, caring for self, performing manual tasks, working, or learning) as would be encountered in the residential living environment.

2. Please indicate the specific symptoms, the approximate frequency of symptoms experienced, and how long symptoms persist with each occurrence.

3. What are some possible alternatives if meeting your primary recommendation is not possible?

4. If you are recommending a single bedroom, please indicate whether and how there are any risks associated with isolation. Please note that while CMU does not have single rooms with private bathrooms, there are a limited number of single bedrooms within suites.

### SECTION III: ASSISTANCE ANIMAL REQUEST INFORMATION, IF APPLICABLE

If an Assistance Animal (sometimes referred to as an Emotional Support Animal) is being requested as a housing accommodation, these additional questions must be completed by the appropriate provider.

Note: Healthcare providers are expected to have an ongoing professional relationship for the provision of disability-related services (i.e. not be family members) with personal knowledge of the person's condition.

1. How many appointments has this person attended with you, and how often does this person receive treatment?
2. What animal is prescribed, and how long has it been part of the treatment plan? Are there any unique circumstances for recommending this specific animal or justifying the student's need for a particular type of animal?
3. How and to what extent does the assistance animal reduce or alleviate current symptoms and better manage this person's disability? **Include the relationship or nexus between the person's disability and the therapeutic assistance the animal provides, beyond merely being a pet.**