

**Name:** **DOB:**

The student named above has applied for services from the Office of Student Accessibility and Accommodations at Piedmont Virginia Community College. To determine eligibility and to provide services, we require current documentation of the student’s disability. Under the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973, qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations (which includes academic adjustments and auxiliary aids and services) necessary to ensure equal access to a college’s programs and activities. To prove that an individual has a disability under the law, documentation must show that a current mental or physical impairment exists and that the identified impairment substantially limits one or more major life activities. A diagnosis of a disorder, or the existence of an Individualized Education Plan or Section 504 Plan, in and of itself, does not automatically qualify an individual for accommodation. The documentation must also address current functional limitations on the individual and support the request for accommodation. Documentation must be provided by a clinician or treating provider who is licensed and qualified to diagnose the condition and who is not a member of the student’s immediate family.

1. Diagnosis/Description of condition. Please supply ICD-10 and/or DSM-5 code(s), as appropriate.
2. In addition to ICD-10 and/or DSM-5-TR criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we decide which accommodations and services are right for the student. Check all that apply.
* Structured or unstructured interview with individual
* Behavioral observations
* Developmental history
* Educational history
* Interviews with other people
* Medical history
* Neuro-psychological testing (date of testing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Psycho-educational testing (date of testing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Standardized or non-standardized rating scales
* Other (please specify):
1. Symptoms/Manifestations of condition:
2. Date the diagnosis was formerly established:
3. Date that the student was last seen:
4. Expected duration of condition:
* Permanent/Chronic
* Long-term (3-12 months)
* Short-term (60-90 days)
* Temporary (60 days or less)
1. Current Treatment(s)/Therapy and Prescribed Medications and Dosage:
2. Does this individual’s condition substantially limit one or more major life activities?

If yes, please specify activities

1. Please list any accommodations you recommend:

**I, the undersigned, certify that the information provided for the identified student is true and correct to the best of my professional knowledge and training:**

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**Treating Provider Signature (if in training, please include supervisor signature)**  **Date**

**Name (please print)**

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**Please return to Kari Hirst, Director of Student Accessibility and Accommodations, via email:** **khirst@pvcc.edu****; fax: 434.961.6557; or mail: Piedmont Virginia Community College, Attn: Kari Hirst, 501 College Dr., Main Building 136A, Charlottesville, VA 22902**