



(Take to Your Medical Professional)

DISABILITY SERVICES

"Improving people's lives through life-long learning."

REQUIRED DOCUMENTATION GUIDELINES

Appropriate documentation MUST include Diagnosis, Prognosis & Functional Limitations!

Disability Services cannot authorize any accommodation unless it is supported by appropriate documentation. The documentation determines which accommodations the student may be eligible to receive. In accordance with prevailing state and federal laws, this documentation must include each of the following:

- **Statement of disability**, including DSMV diagnosis where appropriate.
- **Statement of prognosis**: permanent or temporary (how long).
- **Description of the diagnostic methodology used**, including all data from appropriate instruments of evaluation or testing. Information based on "screening" instruments is not acceptable.

In most cases documentation consisting only of a diagnosis, case or chart notes, and/or prescription pad notations is insufficient to determine the impact of a medical condition/disability, to address the issue of substantial limitations, and to develop reasonable accommodations. IEPs (Individual Educational Plans), and 504 Plans although they provide information about a student's educational experiences, generally are not sufficient documentation.

- **Statement of clearly defined limitations related to the disability**, especially as it relates to academics. Note that these limitations must affect a major life activity (which includes learning) as established by the ADA.
- **All documentation must be signed and dated by a clearly identified diagnostician** on the report. Reports should include credentials and contact information for the individual providing the diagnosis.

Consent for Release of Information

I, _____, authorize _____
(Student Name) (Name of professional)

of _____, to disclose to the Disability Services dept. of Centralia College, the above
(Name of agency/organization)

requested records or information. The above requested information will be used for educational planning and accommodation. I understand that my records are protected under confidential regulations and laws and cannot be disclosed without this written consent unless the law authorizes or compels us to do so. I also understand that I can revoke this consent at any time.

(Student Signature)

(Date)

Send report to:

Centralia College, Disability Services
600 Centralia College Blvd.

Centralia, WA 98531-4099

Fax: (360) 330-7103

Email to: disability@centralia.edu