

GUIDELINES FOR DOCUMENTATION

Grove City College Disability Services
100 Campus Drive, Grove City, PA 16127
Academic Resource Center, Henry Buhl Library
DisabilityServices@gcc.edu

In order to determine eligibility for services, the Disabilities Services Office requires complete and current (within the last 3 years) documentation of the disability. The documentation should include an evaluation by a qualified professional that documents the current impact of the disability as it relates to the accommodation(s) requested. The diagnostician should be an impartial individual (i.e., not a friend or a family member of the student). Once documentation is received, it will be reviewed. We recommend that documentation be submitted well in advance of any accommodation request. The general guidelines/disability documentation form was developed to assist you in working with your treating/diagnosing professional(s) to prepare the information required to evaluate your request for services. Please note, the professional completing the documentation is not required to use our form, however, all information outlined must be included in their letter. If you have questions after reading these guidelines, please call the Disability Services Director at 724-264-4673 or email DisabilityServices@gcc.edu. Information may also be mailed to the address above.

- **A diagnostic statement identifying the disability.** *If appropriate, include **International Classification of Diseases (ICD)** or **Diagnostic Statistical Manual (DSM)** codes, the date of the most recent evaluation, or the dates of evaluations performed by referring professionals. If the most recent evaluation was not a full evaluation, indicate when the last full evaluation was conducted.*
- **Current functional impact of the condition(s).** *The current relevant functional impacts on physical (mobility, dexterity, endurance, etc.), perceptual, cognitive (attention, distractibility, rate of acquisition and retention, communication, etc.), and behavioral abilities should be described as a clinical narrative and/or through the provision of specific results from the diagnostic procedures/assessment.*
- **Treatments, medications, accommodations/auxiliary aids, services currently prescribed or in use related to the disability.** *Provide a description of treatments, medications, accommodations/auxiliary aids and/or services currently in use and their estimated effectiveness in minimizing the impact of the condition(s). Include any significant side effects that may impact physical, perceptual, behavioral, or cognitive performance.*
- **The expected progression or stability of disability over time.** *If possible, provide a description of the expected change in the functional impact of the condition(s) over time. If the condition is variable, describe the known triggers that may exacerbate the condition.*
- **Recommended accommodations and services.** *Recommendations should be logically connected to the impact of the condition. When connections are not obvious, they should be explained. Recommendations will be evaluated in the context of the course or program.*

THE PRIORITY GOAL FOR GROVE CITY COLLEGE IS TO PROVIDE EQUAL ACCESS FOR ALL STUDENTS TO FACILITIES, PROGRAMS, COURSES AND SOCIAL LIFE.



DISABILITY DOCUMENTATION FORM

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Student Information *(to be completed by the student)*

Student Name	
GCC School ID#	
Local Address	
Permanent Address	
GCC email address (if applicable)	
Phone #	
Status (circle one)	Current Transfer Prospective
Start Term	

To be eligible for services, the student must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These laws define a person with a disability as one who:

- 1.) has a physical or mental impairment which substantially limits one or more life activities, or
- 2.) has a record of such an impairment, or
- 3.) is regarded as having such an impairment.

"Major life activities" are functions such as walking, seeing, hearing, speaking, breathing, sleeping, completing school work and learning, caring for one's self, performing manual tasks, reproduction, and working.

The following information must be completed by a certified Health Care Provider

DIAGNOSTIC INFORMATION

Primary Disability	
Secondary Disability (ies)	
Date of Diagnosis	

FUNCTIONAL LIMITATIONS

Life Impact – What life activities are impacted by the disability? Please indicate the severity of impact and limitations for the student

THE EXPECTED PROGRESSION OR STABILITY OF DISABILITY OVER TIME

If possible, provide a description of the expected change in the functional impact of the condition(s) over time. If the condition is variable, describe the known triggers that may exacerbate the condition.

SUGGESTED ACCOMMODATIONS

Please summarize specific accommodation recommendations for this student

CURRENT MEDICATIONS/ TREATMENTS

List current medication(s), dosage frequency and possible adverse side effects

OTHER INFORMATION

Additional information you want to share about the student or their disability.

Healthcare Provider Information

Name	
Address	
Phone Number	
Email	
Provider Signature	

NOTE: The Director of Disability Services and Accommodation Support Specialist, in consultation with appropriate College officials, will make all final decisions on which reasonable accommodations will be assigned.

All documentation and relevant information should be submitted to:

Disability Services Office

Grove City College

Academic Resource Center, Henry Buhl Library

100 Campus Drive

Grove City, PA 16127

DisabilityServices@gcc.edu

Phone: 724-264-4673