

Accessibility Services Documentation Policy

Students are required to submit relevant documentation from an external source to verify the presence of a qualifying disability to register with Accessibility Services (AS). The documentation, in tandem with the student's self-report, aids AS in understanding the current nature of the impairment, functional limitations, and impact on the student in the university setting and in determining reasonable accommodations. There are multiple ways to document a disability, and the type of documentation will vary depending on the disability and nature of the request. If additional information or clarification is needed, AS has the right to contact the health care provider or request additional documentation.

Some examples of disability documentation include:

- Disability Documentation Form
- Emotional Support Animal Documentation Form
- Letter from a health care professional conveying essential information (e.g., see the Disability Documentation Guidelines or Emotional Support Animal Documentation Guidelines)
- Healthcare records conveying similar information as requested on the Disability Documentation Form
- Diagnostic evaluation report
- Individualized Education Plan (IEP) or Section 504 (of the Rehabilitation Act of 1973) Plan from a secondary education institution with a recent Multi-Factored Evaluation (MFE) or Evaluation Team Report (ETR). Additional documentation may be required.

Documentation requirements may be different at other institutions or testing centers. It is the individual's responsibility to know what those requirements are.

Documentation may be submitted:

on Accommodate: uploaded to the Accommodation Request Form or submit by logging into Accommodate.

by email: accessibilityservices@capital.edu

by fax: 614.236.6971

in person: Ruff Learning Center, 1st floor

by mail: Accessibility Services, Capital University, 1 College and Main, Columbus, OH 43209-2394

Disability Documentation Guidelines

Documentation should be provided by a licensed health care professional whose scope of practice permits the diagnosis of a qualifying disability and whose professional relationship with the student is sufficiently recent to reflect current impairment. The health care professional should be an independent evaluator, with no personal relationship to the student. The health care professional may include pertinent records that help convey the impact of the disability on the student in the university setting. The health care professional may provide the following information by completing the *Disability Documentation Form* or by preparing a letter that conveys equivalent information.

1. Health Care Professional Information
 - a. Describe the nature of the professional relationship with the student (e.g., treating physician, psychologist, clinical counselor, independent expert evaluator, etc.).
 - b. List the date of the most recent examination.
2. Explain the student's physical or mental impairment(s) that substantially limits at least one major life activity or major bodily function (condition, diagnosis, etc.).
 - a. What is the condition or diagnosis?
 - b. What sources or instruments were used to evaluate and obtain information to verify the condition or diagnosis?
 - c. When was the date of onset of the condition or date of diagnosis?
 - d. What is the severity of the condition (mild, moderate, severe)?
 - e. What is the prognosis or progression of the condition? Is the condition stable or episodic in nature? Explain.
 - f. Is the student currently prescribed medication or receiving treatment for this condition? If yes, please list the medications/treatments and indicate possible side effects (if relevant).
 - g. Explain how the student is substantially limited in one or more major life activity by their condition.
3. Explain the impact of the student's disability in the university setting.
 - a. What is the functional impact of the condition in the university setting?
4. Recommended Accommodations
 - a. Describe any current or past accommodations/support services the student has received, including their effectiveness. (While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions).
 - b. List any recommendations for accommodations/support services.
 - c. Explain the logical relationship between the student's functional limitations and the recommended accommodations/support services.

Be sure to list the student's complete name and date-of-birth (for identification purposes). The health care professional additionally should provide their complete name, highest degree earned, professional specialization and licensure, complete mailing address, and signature (an electronic signature is acceptable), along with any pertinent records that may assist Accessibility Services in identifying and implementing appropriate accommodations.

The above information may be submitted by mail (Accessibility Services, Capital University, 1 College and Main, Columbus, OH 43209-2394), email (accessibilityservices@capital.edu), or fax (614-236-6971).

Emotional Support Animal Documentation Guidelines

Capital University recognizes that having an Emotional Support Animal (ESA) in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Documentation should be provided by a licensed health care professional whose scope of practice permits the diagnosis of a qualifying disability and whose professional relationship with the student is sufficiently recent to reflect current impairment. The health care professional should be an independent evaluator, with no personal relationship to the student. Generally, ESA documentation should be completed by providers in the State of Ohio or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The health care professional may provide the following information by completing the *Emotional Support Animal Documentation Form* or by preparing a letter that conveys equivalent information.

1. Information About the Student's Disability
 - a. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)
 - b. Does the student require ongoing treatment?
 - c. When did you first meet with the student regarding this mental health diagnosis, and in what context (that is, was it a face-to-face meeting or a virtual interaction)?
 - d. When did you last interact with the student regarding this mental health diagnosis?
2. Information About the Proposed ESA (Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.)
 - a. What is the proposed ESA (if identified)?
 - b. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?
 - c. What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
 - d. Is there evidence that an ESA has helped this student in the past or currently?
3. Importance of ESA to Student's Well-Being

- a. In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
- b. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared those restrictions with you? Yes/No
- c. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Be sure to list the student's complete name and date-of-birth (for identification purposes). The health care professional additionally provides their complete name, highest degree earned, professional specialization and licensure, complete mailing address, and signature (an electronic signature is acceptable), along with any pertinent records that may assist Accessibility Services in identifying and implementing appropriate accommodations.

The above information may be submitted by mail (Accessibility Services, Capital University, 1 College and Main, Columbus, OH 43209-2394), email (accessibilityservices@capital.edu), or fax (614-236-6971).