



Division of Student Affairs  
Dean of Students Department  
Student Disability Resource Center  
874 Traditions Way  
108 Student Services  
Tallahassee, Florida 32306-4167  
850/644-9566 • Fax 850/645-1852 • TDD 850/644-8504



## General Guidelines for Documenting a Disability

### AS APPROPRIATE TO THE DISABILITY, DOCUMENTATION SHOULD INCLUDE

1. **Diagnostic statement identifying the disability, date of the current diagnostic evaluation, and the date of the original diagnosis.** The diagnostic systems suggested in the recent editions of either the Diagnostic Statistical Manual of the American Psychiatric Association (DSM-IV-TR) or the International Statistical Classification of Diseases and Related Health Problems of the World Health Organization (ICD) are the recommended diagnostic taxonomies.
2. **Diagnostic criteria and or diagnostic test used.** This description should include the specific results of diagnostic procedures, diagnostic tests utilized, and when it was administered. Diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process.
3. **Description of the current functional impact of the disability.** The current functional impact on physical, perceptual, cognitive, mental, and behavioral abilities should be described either explicitly or through the provision of specific results from the diagnostic procedures. Currency will be evaluated based on the typical progression of the disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact functioning, and how the information apply to the current situation of the request for accommodations.
4. **Description of current treatments, medications, assistive devices/services.** A history of treatments, medications, assistive devices, accommodations and/or assistive services to include statements about the effectiveness in minimizing the impact of the disability. Significant and potential side effects that may impact physical, perceptual, mental, behavioral or cognitive performance should also be noted.
5. **Description of the expected progression or stability of the impact of the disability over time.** This description should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations for reevaluation.
6. **Recommendations for accommodations.** Depending on the impact of the condition on the individual, the statement should include suggestions or recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services that can help to provide full access. As appropriate, recommendations for collateral medical, psychological, and/or educational support services or training that would be beneficial may also be included. Recommendations from professionals with a history of working with the individual provide valuable information for the review process. They will be included in the evaluation of requests for accommodation. When recommendations go beyond services that are or can be provided by the University, they may be used for referrals to services outside of Florida State University.
7. **Credentials of the diagnosing professional(s).** Information describing the certification, licensure, and/or the professional training of individuals conducting the evaluation should be provided. It is important to have the documentation on an official letterhead.

## Requesting Disability Related Services at Florida State University

Students requesting accommodations and/or auxiliary aids from Student Disability Resource Center at Florida State University are required to submit documentation of their disability to verify eligibility for services. Information in the documentation will assist the university in determining adequate, appropriate, and reasonable accommodations. In addition to submitting documentation, students seeking services must also request services and participate in the determination of

The three major steps to requesting accommodations are:

1. **Documentation:** In order to fully evaluate requests for accommodations or auxiliary aids Florida State University will need documentation of the disability that consists of an evaluation by an appropriate professional. The documentation will describe the current impact of the disability.
2. **Meeting to request service:** The student must schedule an intake appointment with an SDRC staff member to discuss available support services and the process for requesting accommodations. It is at this time that the student will complete and sign a Request for Service Form.
3. **Participate:** It is important for the student to participate in the determination and selection of reasonable and appropriate accommodations.

The review process includes an examination of the presented documentation to determine the functional limitation resulting from the disability and how that limitation impacts the ability of the student in the university environment.

Provisional accommodations might be offered in the interim, but a final determination of accommodations will not be made until the student's documentation is complete.

The following guidelines were developed to assist students in obtaining the information needed to evaluate their accommodation request. Questions may be addressed to the Assistant Dean of Student and Director of Student Disability Resource Center at (850) 644-9566 (V); (850) 644- 7164 (TTY); or email to [bawoniyi@admin.fsu.edu](mailto:bawoniyi@admin.fsu.edu).



FLORIDA STATE UNIVERSITY  
STUDENT DISABILITY RESOURCE CENTER  
SUPPORT FOR ACCOMMODATION



Student's Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Diagnostic Statement: \_\_\_\_\_

DSM-IV Diagnosis (if applicable): \_\_\_\_\_

Description of the academic impact of the disability/disorder: \_\_\_\_\_

Description of the diagnostic criteria and/or diagnostic test/instruments used: \_\_\_\_\_

Diagnostic test scores if available: \_\_\_\_\_

Date of current diagnosis/evaluation \_\_\_\_\_

Date or onset of diagnosis/evaluation \_\_\_\_\_

Name of Diagnostician/Professional  
\_\_\_\_\_

Degree/Credentials/Licensure  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Phone #

Description of the current functional impact of the disability: \_\_\_\_\_

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Treatments, medications, assistive devices/services currently prescribed or in use: \_\_\_\_\_

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Expected progression or stability of the impact of the disability: \_\_\_\_\_

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History of accommodations (if applicable): \_\_\_\_\_

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Recommended accommodations:

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**NOTE:** This form will be used in consideration for academic accommodation request and additional information may be needed to make adequate determination

Please complete both sides of this form and return it to:

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Florida State University  
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108 Student Service Building  
Tallahassee, Florida 32306-4167  
850 644-9566 • Fax 850 645-1852 • TDD 850 644-8504  
[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)

Available in Alternative Format Upon Request