

DOCUMENTATION GUIDELINES FOR PSYCHOLOGICAL DISORDERS

The campuses of the University of Maine System are committed to providing equal access to campus programs and activities to qualified persons with disabilities. A qualified individual is a person who, with or without reasonable accommodations, can meet established criteria applied to all students for participation in campus programs and activities.

Students requesting accommodations from the University of Maine at Presque Isle are required to submit documentation to verify eligibility under the Americans with Disabilities Act of 1990(ADA) and Section 504 of the Rehabilitation Act of 1973. The University has final authority for determining accommodations. This decision is based on the nature of the course or program, and specifics of the individual's disability-related needs. Accommodations do not include interventions that are remedial or needed for personal care or study.

The University of Maine at Presque Isle student providing this form requests that you send documentation attesting to the existence of a severe and chronic disabling condition, to Student Support Services at the University of Maine at Presque Isle. The said condition may restrict access to educational programs and activities unless reasonable accommodations are provided.

Please provide the following information under separate cover and on practice letterhead. The authorized release of information is to include but not be limited to the following:

1. Presenting diagnosis(es) utilizing diagnostic categorization or classification of the ICD or DSM IV. Diagnoses should indicate primary, secondary, etc., and significant findings, particularly in respect to presenting problems.
2. Date the examination/assessment/evaluation was performed for the presenting diagnosis, or if following the student for an extended time, date of onset and date of an evaluation of the condition that is recent enough to demonstrate the student's current level of functioning.
3. Tests, methodology used to determine disability. **PLEASE do not send copies of the student's medical records.**
4. Identify the current functional impact on the student's physical, perceptual and cognitive performance in activities such as mobility, self-care, note taking, laboratory assignment, testing/examinations, housing conditions/arrangements. Is this condition temporary? If temporary, what is the expected length of time to recovery?
5. Describe any treatments, medications, assistive devices/services the student is currently using. Note their effectiveness and any side effects that may impact the student's physical, perceptual or cognitive performance.
6. Recommendations for accommodations. Explain the relationship between the student's functional limitations and the recommendations.
7. Credentials (certification, licensure and/or training) of the diagnosing professional(s).

This information is kept confidential except as required by law.

Please submit this information marked confidential to:

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