



Disability Determination Form

Accessibility and Disability Resources
Wellesley College
3rd floor, Clapp Library, 106 Central Street
Wellesley, MA 02481
(781) 283-1300
accessibility@wellesley.edu
<http://www.wellesley.edu/adr>

Dear Healthcare¹ Professional:

Your patient/client, _____, wishes to register with Accessibility and Disability Resources (ADR) at Wellesley College. The ADR office provides services and accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 (“Section 504”) and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Section 504 and the ADA similarly state that a person may qualify to receive services and accommodations if they have “a physical or mental impairment which substantially limits one or more major life activities” or a record of such impairment.

A.

In order for a student to be considered eligible to receive academic, housing², meal plan³ and other accommodations, the student must disclose the nature of their impairment and provide recent documentation that verifies their condition. Documentation must reflect the nature of the disability and the individual's need for the requested modification, accommodation, or auxiliary aid or service. When providing information necessary to evaluate eligibility for accommodations, please adhere to the following:

- **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These professionals are generally trained, certified, or licensed psychologists or members of a medical specialty.
- **Complete the following form as thoroughly as possible.** This form should be completed by typing information or if needed printing as clearly as possible.
- **The healthcare professional is encouraged to attach any reports that provide related information (e.g. psycho-educational testing, neuropsychological test results, medical evaluation results, etc.).** If a comprehensive diagnostic report is available that provides the requested information, copies of the report(s) can be submitted for documentation in lieu of comparable sections. Documentation guidelines can be found at <https://www.wellesley.edu/adr/General-Info/Wellesley.edu-adr-documentation>. Do not provide case notes or rating scales without a narrative that explains the results.
- **After completing the form, electronically sign it and complete the Healthcare Provider Information section on the last page. The completed form can be mailed or emailed to accessibility@wellesley.edu.** Information provided will not become part of a student’s educational records, but it will be kept in the student’s file within the ADR office where it will be held strictly confidential. This form may be released to the student upon request. In addition to the requested information, please include any additional information that would be relevant to the student’s access needs.

1 Healthcare provider can be any professional certified or properly credentialed to provide first-hand information on the disability(s) documented and may include medical doctors, psychiatrists, therapists, audiologists, allergists, ophthalmologists, etc.

2 On-campus housing has primarily residence halls with shared group bathroom facilities. Most rooms also require one or more roommate which is part of the residential experience.

3 Students living on campus are expected to be part of the meal plan system since the residence halls are not equipped for living off the plan. Dining services staff including a registered dietitian work with students regarding food allergies and celiac. Please review <http://www.wellesleyfresh.com/health-and-wellness.html>



DISABILITY DETERMINATION FORM

Student Information
(Please Print Legibly or Type)

Student Name (Last, First, Middle): _____

Date of Birth: _____ ID#: _____

Status: [] Current Student [] Transfer Student

Phone: () - _____ Cell Phone: () - _____

Address (Street, City, State, Zip Code): _____

Wellesley Email Address: _____ @wellesley.edu

Personal Email Address: _____

To Be Completed by Healthcare Professional

Date first seen, last seen, frequency: _____ / _____ / _____

Impairment/Diagnosis (If applicable, include date of diagnosis and DSM-5/ICD-10 codes):

.
.
.

Relevant patient/client history:

Additional psychosocial and contextual factors:

.
.

How was the impairment/diagnosis determined?

- [] Structured or unstructured interviews with the student
[] Interviews with other persons
[] Behavioral observations
[] Developmental History
[] Educational History
[] Medical History
[] Neuropsychological testing (dates of testing) _____
[] Psycho-educational testing (dates of testing) _____
[] Standardized or non-standardized rating scales
[] Other (please specify) _____

How would you categorize this condition in terms of severity? Please check only one and explain below.

Minimal Moderate Severe Residual/Remission Other:

The condition is: Stable Prone to exacerbation Other: _____

Duration of impairment/diagnosis is: Permanent Temporary

Note Duration: _____ **or** Re-Evaluation Date: _____

Please use an "X" to indicate major life activities that are affected because of the impairment and the severity of those limitations. This list is not exhaustive & additional life activities can be added at the bottom of this chart.

Life Activity	Negligible	Moderate	Substantial	Don't Know	N/A
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing External Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Internal Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Please provide food allergy test results and what can and cannot be eaten for meal plan accommodation requests. Please review <http://www.wellesleyfresh.com/health-and-wellness.html>.

Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specifically describe to what extent the impairment impacts the student's ability to function in a college environment addressing any items endorsed on the previous page:

If applicable, list any medications or treatments currently prescribed and how they have an impact on the student's learning or other activities. Please include any side effects and impact on academic performance.

Please indicate specific recommendations regarding accommodations for this student and a rationale as to why these accommodations/auxiliary aids/adjustments/services are warranted based on the nature of the student's disability. Indicate why the accommodations are necessary.

If current treatments (e.g., medication, therapy) are successful, please state the reason that the above accommodations/auxiliary aids/adjustments/services are necessary.

Is the student able, with reasonable accommodations, to take a full course load (minimum of 3 courses per semester)?

Yes No (Please explain below)

This student's diagnosis is significant enough to substantially limit the student's ability to learn, live in residence hall, and eat without reasonable accommodations and auxiliary aids and services within a college environment.

- | | | |
|------------------------|--|---|
| Learn | <input type="checkbox"/> I Agree with this statement | <input type="checkbox"/> I Disagree with this statement |
| Live in residence hall | <input type="checkbox"/> I Agree with this statement | <input type="checkbox"/> I Disagree with this statement |
| Eat in dining hall | <input type="checkbox"/> I Agree with this statement | <input type="checkbox"/> I Disagree with this statement |

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Healthcare Professional Signature: _____ Date: _____

Healthcare Professional Name (Print): _____

Title: _____

License or Certification #: _____

Address: _____

Phone: () - Fax Number: () -

Email Address: _____

Name of Person Completing Form: _____ Date: _____

Professional Affiliation/Title: _____

Reports Needed in Determining Accommodations

The healthcare professional is encouraged to attach any reports that provide related information (e.g. psycho-educational testing, neuropsychological test results, medical evaluation results, etc.). For example:

Neuropsychological test results: such tests help determine academic accommodations for those with learning disabilities and attention deficit disorders. These results can also be helpful in determining accommodations for those with mental health related disabilities when available.

Food allergy test results: such tests help determine meal plan accommodations and exemptions.

Eye exam results: such tests help determine academic accommodations in conjunction with this report form.

Audiology exam reports: such tests help determine communication needs in conjunction with this report form.

Important: After the student has completed the online intake (<https://shasta.accessiblelearning.com/wellesley>), uploaded documentation and met with an ADR staff person, the student will be notified regarding eligibility. Housing and meal plan accommodations are reviewed by committee.