



## **Disability Accommodation Documentation Guidelines**

FNU is committed to providing reasonable academic accommodations for students with disabilities, including attention deficit/hyperactivity disorder, learning disabilities, and anxiety. This is not an exhaustive list; thus, we welcome all students with disabilities to seek out our services.

Eligibility for accommodations is determined on a case-by-case basis through information provided by the student and his/her qualified treating or diagnosing professional on the Disability Accommodation Request form, and through supporting documentation. Additional or updated documentation may be required if the documentation from the student's treating or diagnosing professional does not demonstrate the existence of a qualifying disability and its potential impact on the student in our academic environment, or does not identify recommended accommodation(s).

The recency of the documentation required will depend on the disability and the type of documentation previously provided. Documentation for a long-standing and unchanging disability may not need to be as current as documentation for a disability that can change over time. We may work with students to provide accommodations on a temporary, time-limited basis while additional or updated documentation is being obtained.

Although documentation will be assessed on a case-by case basis, the following general components, or their equivalent (as determined by FNU) are common to appropriately documented requests:

- Disability Accommodation Request form, including the following from the professional completing it:
  - a specific diagnosis
  - a description of how the diagnosis impacts the student in a postsecondary educational setting
  - recommended accommodations
- Supporting documentation completed by a qualified licensed or credentialed professional who is not the student's family member. Examples of supporting documentation might include:
  - psychoeducational evaluation
  - neuropsychological evaluation
  - diagnostic summary letter from an appropriate medical professional on letterhead (e.g. medical specialist, psychiatrist, audiologist)
  - other medical records
  - Individualized Education Plans (IEPs), 504 Plans, or similar school-based documents.

- NOTE: A school-based document that does not contain diagnostic information may not by itself provide sufficient information to determine eligibility for accommodation.

**Further assessment or documentation may be required, even after an accommodation is granted.** We maintain an ongoing dialogue with students requesting and receiving accommodations from FNU. Please contact the Office of Student Services at 305-821-3333 (ext. 1004) if you have any questions. All documentation is considered confidential and should be sent to:

Florida National University  
Student Services  
4425 W. Jose Regueiro (20<sup>th</sup>) Ave.  
Hialeah, Fl. 33012



## Disability Accommodation Request Form

### PART 1: To be completed by the student requesting accommodations

Name: _____	Student ID: _____
Phone number: _____	Email address: _____
Preferred method of contact (circle one):	Phone                      Email
Date of Request: _____	
Disability being disclosed to FNU: _____	
Requested accommodation(s) (please be specific): _____ _____ _____	
Any other information you would like considered with your request: _____ _____ _____	

### ***Authorization for Release of Information***

I voluntarily give the provider identified below consent to release documentation and information related to me, including personal health information, to Florida National University. I voluntarily give Florida National University consent to receive and consider such information in the context of my education and my request for accommodation, including discussing it with my provider and disclosing it with those at or affiliated with Florida National University who have a need to know the information to evaluate my request or provide me with educational and related services. I have been given an opportunity to ask questions regarding this authorization and to have them answered to my satisfaction.

Name of disclosing provider: \_\_\_\_\_

Address: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART 2: To be completed by the student's treating or diagnosing professional**

Name and Title: _____	State of license: _____
License number: _____	Email address: _____
Address: _____ _____	
Phone number: _____	Fax number: _____

1. Please provide the DSM-5 or ICD code(s) for your diagnosis of the student identified in Part 1 of this form.

\_\_\_\_\_

2. On what type of evaluation(s) did you rely to make this diagnosis? Please check all that apply.

- \_\_\_\_\_ Interview with or examination of student
- \_\_\_\_\_ Neuropsychological testing (please attach documentation)
- \_\_\_\_\_ Psychoeducational testing (please attach documentation)
- \_\_\_\_\_ Other testing (please specify): \_\_\_\_\_
- \_\_\_\_\_ Other evaluation (please specify): \_\_\_\_\_

3. Please provide the dates of the following:

Date of initial diagnosis: \_\_\_\_\_  
Date of most recent diagnosis: \_\_\_\_\_  
Date of your last clinical contact with the student: \_\_\_\_\_

4. Is the student currently undergoing treatment or other assistance relating to this diagnosis, e.g., medication, surgery, therapy, adaptive aids? If so, please specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How, if at all, does the diagnosed condition impact the student's functioning in a post-secondary academic setting? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please suggest potential accommodations that may allow the student to mitigate the limitations identified in response to the previous question.

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I certify, by my signature below, that I am not related to the student identified in Part 1 of this form, and that I conducted, supervised, co-signed, or otherwise confirm the diagnostic assessment of the student.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

