



## Office of Student Affairs

### Office for Student Access

OHSU Auditorium 330; Mail code: L624  
3181 SW Sam Jackson Park Rd.  
Portland, OR 97239-3098  
Phone: 503-494-0082  
Fax: 503-346-8068  
[studentaccess@ohsu.edu](mailto:studentaccess@ohsu.edu)

## Documentation Requirements

OHSU is committed to providing equal access to qualified students who experience a disability in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 (ADA), as amended in 2008 (ADAAA). As defined by the ADA and ADAAA, a person with a disability has a physical or mental impairment that substantially limits one or more major life activity. Some examples of major life activities include: performing manual tasks, seeing, hearing, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A qualified student is a person who meets the academic and technical standards for admission and participation in a particular program of study, with or without reasonable accommodations.

Disability documentation assists OHSU's Office for Student Access (OSA) in determining reasonable accommodations on the basis of disability. Students are responsible for providing disability documentation, at their own expense, that meets the requirements listed in this document. Documentation is required to determine if a student meets the definition of a disability, experiences functional limitations in the academic environment, and that the accommodation requested is likely to eliminate or reduce barriers that the student experiences in OHSU's programs, services, or activities.

All documentation will be evaluated on a case-by-case basis. Documentation accepted by OHSU for accommodations may not meet the documentation requirements for licensing board examinations (USMLE, NCLEX, etc.). Please consult the exam administrator for their documentation guidelines. **If you are experiencing a delay or difficulty in obtaining documentation, please contact OSA immediately.**

### Requirements

- Documentation should be completed by a qualified professional, such as a treating or diagnosing medical or mental health professional. Documentation from a family member is not acceptable.
- An IEP or 504 Plan is not sufficient documentation by itself but can be included as part of a more comprehensive evaluative report.
- For psychological disabilities, evaluation and documentation should be within the last six months unless the condition is one that has stabilized.
- For a Learning Disability (LD) or Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD or ADHD) diagnosis please review [Additional Documentation Guidelines for LD, ADD, or ADHD](#).

### Formatting the Documentation

There are three acceptable formats for documentation:

1. Provide a complete and detailed evaluation or diagnostic report of the condition and impact or limitations caused as a result of the condition(s), such as a complete psychoeducational or neurological evaluation.
2. A detailed letter from a health or mental health professional that addresses the questions listed on the attached form (a short letter from a provider that only includes a diagnosis or a prescription pad note is not sufficient). The letter should be on letterhead with the date, signature and provider credentials.
3. A complete OSA Disability Documentation Form with accompanying assessments or test results as required.

**Send completed documentation via Mail:** Office for Student Access, 3181 SW Sam Jackson Park Rd., Mail code: L624 Portland, OR 97239-3098, **Email:** [studentaccess@ohsu.edu](mailto:studentaccess@ohsu.edu), **Fax:** (503) 346-8068 **(Please make sure that "OHSU Student Access" is included on the cover letter.)**

*The Office for Student Access engages in an interactive process with the student and academic program to determine if accommodation requests are reasonable. Sometimes a provider recommended accommodation may be considered a personal service, fundamental alteration, an undue burden, or a threat to others/public and is not approved. Accommodation requests also may be denied if a student fails to provide appropriate supporting documentation or fails to follow OHSU's policy or established procedures for obtaining accommodations.*

## Additional Documentation Guidelines for Learning Disabilities, ADD, ADHD

### Learning Disabilities

A comprehensive psychoeducational assessment based on adult norms from a qualified professional that includes the following:

- DSM-V diagnosis
- Test scores related to intellectual ability, including subtest scores. Acceptable IQ tests:
  - Kaufman Adolescent and Adult Intelligence Test
  - Stanford Binet 5th Edition
  - Wechsler Adult Intelligence Scale – IV (WAIS-IV)
  - Woodcock-Johnson IV (WJ IV)
  - **The following intellectual ability tests are not acceptable:** Kaufman Brief Intelligence Test (KBIT), Slosson Intelligence Test, Wechsler Abbreviated Scale of Intelligence (WASI), and Wechsler Intelligence Scale for Children (WISC).
- A test used to measure academic achievement, including scores and subtest scores. Acceptable achievement tests:
  - Nelson-Denny Reading Test
  - Scholastic Abilities Test for Adults (SATA)
  - Wechsler Individual Achievement Test – III (WIAT-III)
  - Woodcock-Johnson IV Tests of Achievement
  - Woodcock Reading Mastery Tests III (WRMT-III)
  - **The following achievement tests are not acceptable:** Wide Range Achievement Test 3 or 4
- A test used to measure processing ability, including scores and subtest scores. Acceptable processing tests:
  - Detroit Tests of Learning Aptitude – Adult
  - Woodcock-Johnson IV Tests of Cognitive Abilities
- Profile of academic strengths and weaknesses and how these relate to the academic limitation(s)
- Clinical summary & recommendations for accommodations

### ADD/ADHD Guidelines

A comprehensive assessment from a qualified professional, which includes the following:

- DSM-V diagnosis
- Results from scales/checklists:
  - Clinical Assessment of Attention Deficit Adult (CAT-A)
  - Adult ADHD Self-Report Scale (ASRS v1.1)
  - Adult ADHD Self-Report Screening Scale for DSM-5 (ASRS-5)
  - Barkley Home and School Situations Questionnaires and Barkley Adult ADHD Rating Scale-IV (BAARS-IV)
  - Wender Utah Rating Scale – (for adults)
  - AHRQ Technical Review: Diagnosis of AD/HD
  - Conners Rating Scales
- Profile of academic strengths and weaknesses and how these relate to the academic limitation(s)
- Clinical summary & recommendations for accommodations



**Office of Student Affairs**

**Office for Student Access**

OHSU Auditorium 330; Mail code: L624  
3181 SW Sam Jackson Park Rd.  
Portland, OR 97239-3098  
Phone: 503-494-0082  
Fax: 503-346-8068  
[studentaccess@ohsu.edu](mailto:studentaccess@ohsu.edu)

## Disability Documentation Form

**Student's Name:** \_\_\_\_\_ **Student ID or DOB:** \_\_\_\_\_

### Diagnoses and Tests Performed

**Please provide a diagnostic statement identifying the impairment/condition for which you have or are currently treating the student. When appropriate this should include International Classification of Diseases (ICD) or Diagnostic Statistical Manual (DSM) codes. Only diagnoses related to the accommodation requests (conditions which impact the student in the educational environment) need to be listed.**

Diagnosis(es): \_\_\_\_\_

Date of diagnosis(es): \_\_\_\_\_ Date first seen: \_\_\_\_\_

Number of visits related to condition(s): \_\_\_\_\_ Date of most recent visit: \_\_\_\_\_

Is this condition permanent?  Yes  No Expected duration of condition(s): \_\_\_\_\_

Additional Notes:

**What measures were used to identify the diagnoses(es)? Please provide a copy of any relevant test results (i.e. audiogram, vision report, psychoeducational evaluation). A complete medical record is not necessary.**

**If the student is currently undergoing treatment or taking medication, please list any relevant impacts/side effects. Only impacts/side effects related to the accommodation request (which impact the student in the educational environment) need to be listed.**

### Recommended accommodations

**Please describe the accommodations, auxiliary aids, or services that you recommend to facilitate equal access to learning environments and/or student activities. Please include recommended accommodations for learning environments outside a traditional classroom if applicable (i.e. labs, clinical, practicums, internships).**

## Major Life Activities

In order to qualify for academic accommodations: A student must meet the definition of disability which means they have a physical or mental impairment that substantially limits one or more major life activity. Additionally, there should be a link between a link between the functional limitations of the condition(s) and your recommended accommodations.

Please initial the major life activities impacted at the level of limitation due to the condition(s) diagnosed and described above.

Major Life Activity	Mild	Moderate	Substantial	N/A or Unknown
Breathing				
Speaking				
Seeing				
Hearing				
Sleeping				
Eating				
Reading				
Learning				
Thinking/Concentrating				
Fine Motor Control				
Lifting				
Walking/Climbing Stairs				
Standing				
Sitting				
Function of a Major Body Organ or Operation				
Fatigue				
Expressive Skills				
Receptive Skills				
Handwriting				
Interacting with Others				
Activities of Daily Living				
Other:				
Other:				

Additional notes/supporting information:

## Certifying Qualified Licensed Professional

I, the undersigned, certify that I am a qualified licensed professional with expertise in the diagnosis of the above documented impairments or conditions and made the diagnoses following established practices in my field. I certify that I am the professional responsible for determining the diagnosis and/or treating the student for the impairment/condition identified above. I also certify that the information contained in this form was written by me; and that this information is an accurate description of their diagnosis and functional limitations.

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number