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| Attention Deficit/Hyperactivity Disorder (ADD/ADHD) |
| Evaluation and documentation must be:* Not more than three years old
 | Signed by:* Medical doctor or nurse practitioner or physician’s assistant or psychiatrist or psychologist\*
 | Must include **ALL** of the below:* Clear statement of diagnosis
* Current impact and functional limitations, with treatment (if receiving), including in an academic setting
* All related diagnostic tests or reports
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| Autism Spectrum Disorder (ASD) |
| Documentation must be:* An earlier diagnosis can be used, but discussion of current impact must be within last five years
 | Signed by:* Clinical psychologist or neuropsychologist or psychiatrist\*
 | Must include **ALL** of the below:* Clear statement of diagnosis
* Complete neurological report
* Summary of cognitive and achievement measures
* Specific cognitive strength, weaknesses, and deficits
* Social-emotional factors
* Current impact and functional limitations, including in an academic setting
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| Blind/ Visual Impairment |
| Documentation must be:* Within last five years or since age 18
 | Signed by:* Optometrist or ophthalmologist\*
 | Must include **ALL** of the below:* Clear statement of diagnosis
* Visual acuity report
* Severity of vision loss
* Current impact and functional limitations, including in academic setting
* Assistive devises, services, or treatment prescribed or in use
* Expected progression or stability of vision
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| Deaf/ Hearing Impairment |
| Documentation must be:* Within last five years or since age 18
 | Signed by:* Otologist or audiologist\*
 | Must include **ALL** of the below:* Clear statement of diagnosis
* Audiology report
* Severity of hearing loss
* Current impact and functional limitations, including in academic setting
* Assistive devises, services, or treatment prescribed or in use
* Expected progression or stability of vision
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| Learning Disability |
| Evaluation and documentation must be:* Within last five years or since age 18
 | Signed by:* School psychologist or neuropsychologist or psychologist\*
 | Must include **ALL** of the below:* Specific areas of learning disability, degree, and severity
* All medically relevant tests, including standardized achievement/aptitude scores (e.g., Woodcock-Johnson, WAIS-R) and subtests used to determine diagnosis
* Present level of functioning including processing, intelligence, and achievement
* Current impact and functional limitations, including in an academic setting
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| Physical Disability |
| Documentation must be:* Within last five years
 | Signed by:* Medical doctor or nurse practitioner or physician’s assistant\*
 | Must include **ALL** of the below:* Clear statement of diagnosis
* Current impact and functional limitations, with treatment (if receiving), including in an academic setting
* Expected progression or stability of condition
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| Psychological/Emotional |
| Evaluation and documentation must be:* Within last year
 | Signed by:* Licensed mental health professional or medical doctor or psychiatrist or psychologist\*
 | Must include **ALL** of the below:* Clear statement of diagnosis
* Severity
* Current impact and functional limitations, with treatment (if receiving), including in an academic setting
* Prognosis
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\*If you are unsure whether your provider is qualified to provide the medical documentation required, please contact Services for Students with Disabilities- ssd@pencol.edu (360)417-6373