

**MASSACHUSETTS COLLEGE OF LIBERAL ARTS
DISABILITY DOCUMENTATION FORM**

This form should be completed by a qualified practitioner. This information will be used to determine eligibility for reasonable accommodations while attending MCLA. In order to qualify for accommodations under the Americans with Disabilities Act, the student must have a physical or mental impairment that substantially limits one or more major life activities. Please complete all sections of this form thoroughly. Please attach additional information to this form as needed.

Student's Name: _____ Evaluation Date: _____

Please state the specific diagnosed disability, including DSM coding.

Is the diagnosed disability:

_____ Mild _____ Moderate _____ Severe _____ Permanent _____ Temporary

If temporary, what is the estimated time for recovery?

Describe in detail how you evaluated and determined this diagnosis? What instruments or assessments were used?

Are there any significant limitations to the student's functioning directly relating to the disability?

_____ Yes _____ No

If yes, please describe in detail:

Summarize the relevant educational, developmental or medical history that supports the diagnosis. Attach additional sheets as necessary. *For students with learning disabilities, please describe the comprehensive testing and techniques used to determine the diagnosis and attach the evaluator's full report.*

Describe how the disability currently impacts academic performance and/or other major life activities.

Describe the specific accommodations you are recommending and explain why they are necessary.

Describe how you made the determination for the reasonable accommodations described above.

Are there alternate accommodations that can be provided to address the student's needs?

_____ Yes _____ No

If yes, please describe.

The information provided above is true and accurate.

Practitioner Name and Title: _____

License #: _____ State: _____

Full Address: _____

Phone: _____ Email: _____

Supplementary Documentation is: _____ Enclosed _____ Being sent separately

I certify that I am licensed to make this diagnosis and confirm that this student has a disability that substantially limits one or more major life activities. I further certify that I am professionally qualified to evaluate and recommend the above accommodation(s) as a reasonable accommodation. By signing this document, I agree that MCLA may contact me regarding questions or other information regarding this case.

Practitioner Signature: _____

This form is for documenting a student's disability in order to determine eligibility for services. This form does not guarantee the approval of the requested accommodations. The student must attend a meeting with the Disability Resource Office to discuss their disability and necessary accommodations. Before accommodations can be granted all supporting documentation from a qualified practitioner must be on file with CSSE/Disability Resources. You can mail, fax or email this form to the following address:

**Massachusetts College of Liberal Arts
Center for Student Success and Engagement/Disability Resources
375 Church St.
North Adams, MA 01247
disabilityresources@mcla.edu
Fax: 413-662-5444**