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**MEDICAL DISABILITY DOCUMENTATION GUIDELINES****Student Information**  
*To be completed by the student*

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**To the student:** These guidelines will help you understand the documentation requirements for establishing a disability. To be eligible for accommodation/s it is necessary to establish that you have an impairment that causes a limitation/s in a major life activity or activities. It is also necessary to show how accommodations will directly help compensate for those limitation/s.

Because the impact of an impairment is not always obvious and the symptoms related to an impairment are variable and not necessarily permanent, it is important to show how a condition affects your life. Generally speaking, recent information is the most relevant in determining what accommodations you may need now.

Letters, evaluations and reports by qualified professionals are usually necessary in establishing the nature, frequency, and severity of symptoms and limitations. Evaluations should provide a diagnosis and an objective description of symptoms and limitations in major life activities. The diagnosis of a condition does not necessarily establish a disability that requires accommodation.

While a comprehensive evaluation by a qualified professional is highly recommended, Disability Services will review any information you feel is relevant to demonstrating your need for accommodation. School records, test results, Individualized Education Plans (IEPs), medical records, verification of prior accommodation, and other sources of information can be helpful.

We recommend you provide a copy of the Medical Disability Documentation Guidelines to the qualified professional who has most recently evaluated you. You should submit all of your documentation to the Office of Student Services at Soka University of America (SUA). If you are being treated by more than one professional, it may be helpful to submit a report by each person you see. Please contact the Office of Student Services at (949) 480-4018 if you have any questions. After all your documentation has been submitted, you will be contacted regarding the results of your documentation review. Please note that we will make every effort to respond to your request within 15 business days once you have provided all of your documentation.

I have read and understand the information provided above.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

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## DISABILITY SERVICES

Soka University of America, Aliso Viejo ♦ 1 University Drive ♦ Aliso Viejo, CA 92656 ♦ 949-480-4018

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### **Licensed Professional Information** *To be completed by the Licensed Professional*

Name and Title of Licensed Professional: \_\_\_\_\_

License Certification Number (Describe credentials): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

**To the Licensed Professional:** Your patient is requesting services through Soka University of America's Disability Services. To be eligible for services, this student must show that they have an impairment that results in limitation/s in a major life activity.

It is important that documentation addresses the student's current condition and how it impacts their studies or life on campus. Diagnosis alone, prescription notes, and brief letters generally do not provide enough information to establish a disability or plan for accommodation. Recommendations should be clearly supported by objective information from your evaluation procedures and/or the patient's history of impairment.

To assist this student, we strongly encourage you to attach a narrative report that fully addresses the student's presenting limitations and need for accommodation. Complete documentation will enable the University to provide appropriate accommodation to the student in a timely manner. Typed, rather than handwritten material is greatly appreciated.

Your signed report will be most helpful if it includes the following:

1. A history and clinical summary of the diagnosed condition.
2. The time frame in which you have treated this patient, including the most recent evaluation or treatment. Detail the nature, frequency, and severity of symptoms present at your last visit and how major life activities are limited. Specific, objective information beyond the patient's self-report is most helpful.
3. Current medication/s including dosage, side effects, and compliance along with other on-going treatments.
4. If specific recommendations are made, each should be directly connected to a demonstrated current limitations.

Final determination of appropriate accommodations will be made by Student Services in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office for Civil Rights ruling related to these two laws.

Thank you for your time in helping this student. Additionally, please feel free to add any verifying documentation from your files. If you have any questions, please call the Office of Student Services at (949) 480-4018.