GENERAL DISABILITY Documentation Guidelines

The following guidelines are provided in the interest of assuring that the documentation is appropriate to establish the student as an individual with a disability and to provide a rationale for reasonable accommodations. They are applicable for disability categories that include, but are not limited to, mobility, physical non-mobility and chronic health disabilities. Documentation must be on the letterhead stationery of a verifying professional, be current, and include the following:

1. **Verifying Professional's License or Credential**
   Identify the license or credentials of the verifying professional as they are reviewed for appropriateness in terms of the student’s stated diagnosis.

2. **Diagnosis**
   Provide a clear statement of diagnosis.

3. **Assessment Procedures**
   Describe the diagnostic criteria, evaluation methods, procedures, and/or tests and dates of administration, and the specific results. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews.

4. **Symptoms/Disability Related Characteristics & Functional Limitations**
   Describe how the symptoms/disability related characteristics, exhibited by the student, result in a functional limitation that will impact participation in the academic program at Chico State. Please identify the scope of the symptoms/disability related characteristics, in terms of severity, frequency and pervasiveness.

5. **Prognosis**
   State whether symptoms/disability related characteristics are stable and permanent or are subject to change and/or fluctuate over time and context. If cyclical or episodic in nature please identify known or suspected environmental triggers to episodes as well as any available information on interventions, including the individual’s own strategies, for managing exacerbations. Include recommended timelines for re-evaluation as appropriate.

6. **Current & Past Accommodations, Services and/Medications**
   Describe current and past accommodations, services and/or medications. Please include their effectiveness in ameliorating functional impacts of the student’s disability. Identify any significant side effects from current medications that may impact physical, perceptual, behavioral or cognitive performance.

7. **Recommendations for Reasonable Accommodations**
   Recommend reasonable accommodations on a case-by-case basis that address the known functional limitations the student experiences as a result of the disability.