

Disability Services Documentation Guidelines

University of Pennsylvania

This document provides students, schools, professional diagnosticians, and service providers with a common understanding and knowledge base of the components of documentation that are necessary to validate the existence of a disability, the impact of the disability on the individual's educational performance, and the need for accommodations for students seeking reasonable academic, housing, or dining accommodations at the University of Pennsylvania. Documentation should be comprehensive in order to avoid or reduce unnecessary time delays in decision making related to the provision of services.

The University of Pennsylvania is committed to including individuals with disabilities as full participants in its programs, services and activities through compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendment Act (ADAAA) of 2008. To establish that an individual is covered under the ADAAA, the student's documentation must indicate that the disability substantially limits some major life activity. The following documentation requirements are provided in the interest of assuring that documentation of a disability demonstrates an impact on a major life activity, is appropriate to verify eligibility, and supports the request for accommodations, adjustments, and/or auxiliary aids.

The University of Pennsylvania values students' history of accommodations as part of the decision-making process. Students are welcome to submit documentation of their accommodations for standardized testing, Individualized Educational Plans (IEPs), 504 Plans, and accommodation letters from previous academic institutions, if applicable.

General Documentation Guidelines

- Professionals with comprehensive training and experience in the relevant specialty and hold appropriate licensure and/or certification.
- The provider must be familiar with the history and functional limitations of the student's condition and provide detailed information about the substantial nature and level of the impairment and its impact on major life functions
- The documentation provided cannot be from a family member or someone with a personal relationship with the student or student's family
- Disability Services strongly encourages typed documentation for legibility and accessibility reasons. This form is available on our website as a fillable PDF ([website](#)).
- Documentation must reflect the status of the student's current functional limitations or impact.

To be completed by the student:

Student Name: _____

Penn ID #: _____

Student Email Address: _____

To be completed by the provider:

Provider Name: _____

Title: _____

Provider Credentials: _____

License # _____

Provider Address: _____

Phone: _____

Email address: _____

1. Diagnosis: _____

Date diagnosed: _____

Date of last contact: _____

Duration of time student has been under the provider's care: _____

If this diagnosis is not permanent, what is the anticipated date of recovery? _____

2. Description of the diagnostic criteria and the summary of the observations/results. Attach any relevant objective measure results.
3. Provide detailed information regarding the student's diagnosis, including, but not limited to, date of onset, medical history, present symptoms, the duration, and severity, its substantial impact on major life functions and anticipated fluctuation of the symptoms over time.

4. In which settings would the student's disability impact them (check all that apply):

- In an academic or learning environment?
- In a residential or living environment?
- In a dining hall?
- Other _____?

If yes, please describe how the student's disability impacts or will likely impact them in the selected setting(s)

5. If you are recommending specific accommodations for this student at the University of Pennsylvania, please explain the rationale for these recommended accommodations, including how they relate to the student's functional limitations. (Optional)

Final decision of reasonable and appropriate accommodations will be determined by Disability Services.

Recommended Accommodation	Rationale

6. Please provide any additional information or recommendations you feel will be useful in determining reasonable accommodations. (Optional)

Signature of Provider: _____ Date: _____