Disability Support Services (DSS) provides academic services and accommodations for students with diagnosed disabilities. Under the Americans with Disabilities Act and the Rehabilitation Act of 1973, an individual with a disability means any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities;
2. Has a record of such an impairment; or,
3. Is regarded as having such an impairment.

“Major life activities” include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Students are responsible for obtaining and providing disability documentation, including necessary testing/psychological evaluations, at their own expense. It is important to realize that although the diagnostician may recommend specific accommodations, the determination for providing appropriate and reasonable accommodations and/or academic adjustments rests with the institution.

To ensure the provision of reasonable and appropriate services, students requesting services are required to provide documentation in adherence with the following guidelines:

- A qualified professional must conduct the evaluation. The name, title and professional credentials of the evaluator, including information about license or certification as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation. It is not considered appropriate for professionals to evaluate members of their own families.

- The documentation must include a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition.

- The documentation must include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. When appropriate to the nature of the disability, having both summary data and specific test scores within the report is required (ex. for learning disabilities).

- The documentation must be recent and age-appropriate so as to determine the need for services based on the individual’s current level of functioning in the educational setting.

- The diagnostic report should include specific recommendations for accommodations and/or academic adjustments as well as an explanation as to why each accommodation/adjustment is recommended. The evaluators should describe the impact the diagnosed disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.
STUDENT INFORMATION

Student Name

Date of Birth

Status (circle one) Current Student Prospective Student

If BGSU student

ID Number

Email ___________________________ @bgsu.edu

Local/Cell Phone

Mailing Address: (Street, City, State and Zip Code)

I _______________________________________________, a student at Bowling Green State University give permission to release the requested information to The Office of Disability Support Services.

Signature ___________________________ Date ___________________________

DIAGNOSIS INFORMATION

(To be completed by qualified professional)

To facilitate the gathering of critical information, please fill in the following information, attach the diagnostic report, and return this to Bowling Green State University’s Office of Disability Services.

Diagnosis: ________________________________________________

DSM-IV Diagnosis: Axis I ________________________________________________

(if relevant) Axis II ________________________________________________

Axis III ________________________________________________

Axis IV ________________________________________________

Axis V ________________________________________________

Date of Diagnosis: ________________________________________________

Date of Last Contact with Student: ________________________________________________

Basis on which diagnosis was made: ________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
What measures were used to assess the following (Please attach diagnostic report and include test dates)

Aptitude: ____________________________________________________________ Date of test administration: ____________________

Achievement: __________________________________________________________ Date of test administration: ________________

Information Processing: ________________________________________________ Date of test administration: ________________

Social-Emotional: ______________________________________________________ Date of test administration: ________________

Other (physical findings, x-rays, lab tests): ______________________________ Date of test administration: ________________

Provide a summary of the student’s educational, medical, and family history that may relate to the diagnosis:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Current medications including dosage and side effects:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Does this person pose a threat to him/herself or others? If so, please specify in what ways:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

History of hospitalization:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Describe the student’s functional limitations in an educational setting. Please be as detailed as possible:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What recommendations do you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to provide equal access to the student’s educational opportunities at Bowling Green State University?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

In addition to the diagnostic report, please attach and describe other information relevant to this student’s academic adjustment:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Qualified Professional’s Name & Title: __________________________________________________________
Address: __________________________________________________________
Daytime Telephone number: __________________________________________
Fax number: _________________________________________________________
License/Certification number and state of licenser: ___________________________
Type of License: _______________________________________________________
Date of initial contact with student: _______________________________________
Date of last contact with student: ________________________________________

 Qualified Professional’s Signature ______________________________ Date __________

Please mail or fax this completed form to: BGSU Firelands Disability Support Services, 230 North Building Huron, OH 44839, Fax: (419) 433-9696

230 North Building
Huron, Ohio 44839-9719  Phone:(419) 372-0703  Email: firedisability@bgsu.edu
Fax: (419) 433-9696  www.firelands.bgsu.edu