



**Current Treatment Strategies and Prognosis.**

**Summary of the functional limitations of the diagnosis and the impact of medication and/or treatment on educational functioning.**

**Suggested Accommodations**

Health Providers can provide suggestions for reasonable accommodations appropriate at the post-secondary level of education. Such accommodations should be supported by the assessment results and by the diagnosis. The Accessibility Resource Center will evaluate recommendations on a case-by-case basis. Accommodations must be reasonable and cannot fundamentally alter the basic nature or essential elements of an institutions/s courses or programs.

**Provider's Name**

**Provider's Title**

**Provider's Credentials**

**License# and State of Issue:**

**Business Phone Number**

**Fax Number**

**Provider's Signature**

**Date of Report**

**Please fax this form to the Minneapolis College Accessibility Resource Center 612-659-6732**

# ARC Documentation Guidelines

## Examples of Helpful Documentation or Information

Self-reporting the impact or barriers experienced due to disability is a vital part of the accommodation request process and plan. The list below are examples of documentation to support or further inform about the student's accommodation needs.

- Educational records, such as the individualized education program (IEP), a 504 Plan, etc.
- Neuropsychological or educational evaluation
- Medical records
- Statement or report from a health, mental health, or other service provider
- Audiology report
- Vision assessment

## Information for Health, Mental Health or Other Service Providers

A **statement** or **summary** that includes any of the following information will assist us in determining an accommodation plan.

- The current disability and the history of diagnosis (include relevant information about how the diagnosis was determined and date of onset or date of diagnosis)
- Anticipated prognosis (if applicable)
- Specific symptoms, including frequency and severity
- The current treatment plan (if relevant to accommodation planning)
- The extent of impact of the disability on major life activities (such as communicating, reading, writing, learning, working, walking, eating, breathing, etc.)
- Any recommendations or strategies that would reduce the impact of the disability (including any relevant history of accommodations used in the past).

**Along with the statement, the certifying professional must include:**

- Name and Title
- Address
- Daytime Phone Number
- Fax Number
- Type of specialty or license
- License # and State where the license was issued
- Signature and Date of Report