



### **Guidelines for Documenting a Disability**

Disability Services provides opportunities for equal access in college programs, services, and activities, as we recognize that the Oregon Tech community is enriched through the contributions of all its members. In keeping with Sections 504 and 508 of the Rehabilitation Act of 1973, and Americans with Disabilities Act of 1990 (ADA) and its Amendments Act of 2008 (ADAAA), Oregon Tech is committed to providing appropriate academic accommodations and auxiliary aids, to ensure equitable access to higher education for individuals with disabilities. In order to effectively arrange accommodations and auxiliary aids, Disability Services requires students to engage in a determinative process. We ask all of our applicants to complete a formal request for services through our accessibility software (AIM) and submit supporting documentation for your qualifying condition. Once we have the necessary documentation, one of our Disability Services staff members will meet with you to discuss your eligibility for accommodations.

Documentation of qualifying condition(s) may be prepared by a medical, mental health, or educational professional. Acceptable forms of documentation include psychoeducation reports, healthcare records, Section 504 Plans and IEPs, or an official letter on letterhead from your provider. Documentation should be current and up to date (How current the documentation needs to be will depend upon the individual and the diagnosis). Furthermore, once you have submitted your documentation, Disability Services may request additional information if needed before continuing to next steps.

### **Your supporting document should include the following:**

1. Letterhead, date, and signature from a qualified professional or provider.
2. A statement identifying your disability or disabilities, including specific diagnoses.
3. A description of symptoms experienced, prognosis/progression, and severity of diagnoses.
4. A description of how your disability is likely to impact your functioning in the academic and/or physical environment at Oregon Tech.
5. Current and/or past accommodations received at other institutions.

**In lieu of or in addition to the documentation listed above, your provider can complete the form below and return it to us.**

**Please Return the completed form to:**

Disability Services– Klamath Falls 3201 Campus Drive, LRC 228 Oregon Tech Klamath Falls, OR 97601-8801 FAX (541) 885-1126	Disability Services– Portland-Metro 27500 SW Parkway Ave Wilsonville, OR 97070 FAX (503) 218-1126
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Student's full name (please print): \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

I, the above-named student, have contacted Oregon Tech with an interest in determining if I am eligible for accommodations related to a disability. I authorize the release of the following information to Oregon Tech Disability Services for the purpose of determining my eligibility for accommodations.

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

**Professional Guidelines for Documenting a Disability:**

To ensure the provision of appropriate accommodations, Oregon Tech may require supplemental documentation of a student's disability from an expert evaluator. Please fill in the requested information below; attach additional pages if necessary. Copies of relevant evaluations, examinations and/or treatment records may be included if they can assist Disability Services in accurately assessing the student's eligibility for services and academic adjustments/aids.

**About documentation of learning disabilities:**

Documentation for learning disabilities should include test scores/data from a comprehensive testing assessment (e.g., more than one tool). This testing assessment should include the use of standardized testing in the domains of aptitude, achievement, and information processing. If the information requested on this form is contained in the context of a psychoeducational report, please forward the psychoeducation report to our office, in lieu of completing this form. If you have any questions regarding our requirements, please contact our office. The fastest way to reach us is via email at [access@oit.edu](mailto:access@oit.edu)

Name of Provider: \_\_\_\_\_

Agency: \_\_\_\_\_

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

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

1. Diagnosis: \_\_\_\_\_

2. Date of most recent assessment: \_\_\_\_\_

3. Test results/clinical observations in support of the above diagnosis:

4. To the best of your ability, please describe the student's functional limitations in an educational setting. If applicable, please be specific to the student's elected program at Oregon Tech.

5. Are these functional limitations likely to change?  Yes  No

Recommended Reassessment Date (If any): \_\_\_\_\_

7. Please include any comments or other information, including additional testing results, which may help us determine the most appropriate assistance for this student.

8. Please describe your relationship with the above-named individual (e.g., physician, therapist, evaluator, etc.) and the duration of your relationship.

I certify the above information to be correct.

Signature of Provider: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_