



## Disability & Testing Services

### 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. To effectively arrange accommodations and auxiliary aids, Disability Services requires students to engage in a determinative process. We ask all 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 the next steps.

#### **Your supporting document(s) 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 following form and return it to you (the student) or to our office.**



## Disability & Testing Services

# Provider Documentation Form

This form has two sections: Student Section (for student-provided information) and Provider Section (for provider-provided information) and should not be completed by the same person. Student should complete the top part (Student Section) and then send to their provider to complete the rest of the form. Please direct any questions to [access@oit.edu](mailto:access@oit.edu)

## Student Section:

### Student Information & Authorization:

Student's Full Name:	
Student's Date of Birth:	
Student's Phone/Email:	

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:	
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## Provider Section:

### 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 Disability

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).

### Provider Information:

Provider's Name & Credentials:	
Agency:	
Address:	
Phone:	

### Diagnostic Information:

1. Diagnosis/es:		
2. Date of most recent assessment:		
3. Test results/clinical observations in support of the above diagnosis/es:		
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: <input type="checkbox"/> No: <input type="checkbox"/>	
6. Recommended Reassessment Date (if any):		

<p>7. Please include any comments or other information, including additional testing results, which may help us determine the most appropriate assistance for this student.</p>	
<p>8. Please describe your relationship with the above-named individual (e.g., physician, therapist, evaluator, etc.) and the duration of your relationship:</p>	

**Provider Certification:**

<p>Provider Signature:</p>	
<p>Title:</p>	
<p>Date:</p>	

Provider, please return the completed form to one of the below options:

- The student to attach to their AIM Application
- Oregon Tech Disability Services Office
  - Klamath Falls Campus: Fax (541) 885-1126
  - Portland-Metro Campus: Fax (503) 218-1126