

Guidelines on Submitting Documentation for Disability Services

Lincoln University provides assistance to students with a documented disability. Documentation of the disability **MUST** be on file with the Coordinator in the Office of Access & Ability Services before “**reasonable**” accommodations can be granted. In response to the expressed need for guidance related to the documentation, the following guidelines were developed.

Download the Checklist for Submitting Documentation (PDF or [Enlarged Print PDF](#))

- A qualified professional such as a psychologist, neurophysiologist, psychiatrist, counselor, doctor, or trained school personnel is appropriate to provide the documentation. The report must include a specific diagnosis based on the

Diagnostic and Statistical Manual (DSM-IV) diagnostic criteria.

- *(NOTE: Test Anxiety alone is not regarded as a disability under ADA. To be covered by the Americans with Disabilities ACT, Text Anxiety must past two legal criteria. First, it must be a 'mental impairment'. As a form of Social Phobia, a mental disorder included in the Diagnostic and Statistical Manual of Mental Disorders, when it meets this first criterion, then second, it must 'substantially limit one or more of the major life activities. Documentation supporting a diagnosis of Test Anxiety should include evidence of significant impairment in test performance.)*
- A well-written interpretative summary based on a comprehensive evaluative process is a necessary component of the documentation. Each accommodation recommended by the evaluator must include a rationale. The diagnostic report must include specific recommendations for accommodations

that are realistic and that postsecondary institutions can reasonably provide. A detailed explanation as to why each accommodation is recommended must be provided and should be correlated with specific functional limitations.

- A description of the current functional limitations on how the condition currently impacts the individual should be outlined. The documentation needs to be thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a supportive data regarding the severity, frequency and pervasiveness of the condition.

Although prior documentation may have been useful in determining appropriate services in the past, current documentation (1 – 5 years) validates the need for services based on the individual's present level of performance in the educational setting. This may be discussed further during the initial intake interview.