**Documentation Guidelines for Accommodations**

# **Learning, Attention and Autism Spectrum Disorders**

Your student has self-identified to the Disability Resource Center as having a Learning Attention or Autism Spectrum Disorder covered by the Americans with Disabilities Act as Amended (ADAA).

Please respond to each section of this document.

## **Credentials**

1. This letter must be typed on letterhead, which includes your credentials as a service professional.

NOTE: Documentation written by a student’s family member will not be accepted because of professional and ethical considerations.

2. Identify your area of specialty.

## **Diagnostic Statement**

1. Provide a specific diagnosis (or diagnoses) of the student’s learning Autism or Attention Disorder. Note that a diagnosis in and of itself does not automatically warrant approval of requested accommodations.

2. Include any relevant I.Q. and Achievement testing used to determine this diagnosis (i.e. WAIS, TOVA, SLOSSEN etc.)

3. What date was the test administered.

## **Functional Limitations**

1. Based upon this student’s condition, please describe any functional limitations and the severity he/she has in performing a learning activity. A current functional limitation is a substantial impairment in an individual’s ability to function with respect to the condition, manner, or duration of a learning activity. Examples of a learning activity are as follows: Ex. reading comprehension, tracking, written expression, level of distraction, multi-focus.

2. If the student is taking medication for this condition, how might this medication impact the student? Please include information about what medications are being taken by the student.

## **Recommendations and Rationale**

1. We would like to have rationale for each recommended accommodation to be provided based upon learning evaluation, attention measures or Autism Spectrum Outcomes.

2. If there is any other information that you believe would be helpful in assisting this student, please do provide this information.

## **Confidentiality Statement**

The DRC at Flagler will not release any information regarding an individual’s diagnosis or learning information without the student’s informed written consent or under compulsion of legal process. Information will be released only on a “need to know” basis, except where otherwise required by law. Your time and professional expertise greatly assist in fulfilling responsibilities as an accommodation’s provider. If you have any questions or concerns, please feel free to contact the DRC.

## **Please send this information to the DRC using the contact information below:**

Disability Resource Center (DRC)

Email: disabilityservices@flagler.edu

Physical Address: 74 King Street, Saint Augustine, FL 32084; Attn.: DRC

Staff Contact Information:

Phillip A. Pownall

Director of the Disability Resource Center

Proctor Library, Room 211 Email: ppownall@flagler.edu

Phone: 904.819.6460