Otis College Disability Services Documentation Guidelines

Purpose

These guidelines explain the documentation our office accepts to establish a disability covered under the Americans with Disabilities Act (ADA) and to determine reasonable academic adjustments and accommodations. The goal is to ensure requests are evaluated fairly, consistently, and with respect for students' privacy, while aligning with federal legal obligations and professional best practices.

Note: Individualized Education Programs (IEPs) and 504 Plans are K–12 educational documents and cannot be accepted as the sole form of documentation at the college level. However, they can be helpful in providing background information about a student's history of accommodations and support needs.

---

1. Legal context

Postsecondary institutions must provide reasonable accommodations to students with disabilities under the ADA and Section 504 of the Rehabilitation Act. Institutions may request documentation to establish eligibility and to identify accommodations, but documentation requests should be reasonable, limited to the need for accommodation, and not impose undue burdens. Institutional procedures must focus on functional limitations and access barriers, not on exhaustive medical histories.

Who may provide documentation

Documentation should be prepared by licensed medical professionals qualified to assess the condition described. Acceptable evaluators include, depending on the condition and the evaluator's scope of practice:

- Licensed psychologists or neuropsychologists
- Licensed clinical social workers, licensed professional counselors (when within scope), psychiatrists, or medical doctors (MD/DO)
- Other licensed clinicians whose credentials and area of expertise fit the disability being documented

Documentation must clearly list the evaluator's full name, professional title, credentials, license/certification number (and state), business address, and signature.

Evaluations completed by immediate family members or non-independent parties will not be accepted as sole verification.

3. Currency of documentation

Because functional impact can change over time, documentation should describe the student's **current** level of functioning. When possible, documentation completed within the past **three to five years** is preferred; however, recency expectations may vary by disability type, the stability of the condition, and the nature of the requested accommodations. The student's current presentation and recent supporting records are what matter most when determining accommodations.

4. Essential components of acceptable documentation

Documentation should go beyond a diagnostic label and show **how the disability currently limits one or more major life activities** (for students, especially learning and related academic tasks). A comprehensive report — when available and necessary — should include:

a. Identifying information & evaluator credentials

- Evaluator name, title, credentials, license/cert number and state, contact information, professional letterhead, signature, and date.

b. Presenting concerns and history

- Brief description of current concerns and symptom history (medical, developmental, educational, psychosocial), and evidence of onset where relevant.

- Academic history, prior accommodations or interventions (IEPs, 504 Plans), and relevant medication or treatment history.

c. Assessment methods & results

- Tests, rating scales, observations, clinical interviews, and other measures used. Include test scores, score interpretations, and normative comparisons.

- For many conditions, a combination of objective testing, standardized rating scales, and functional observations is stronger than reliance on self-report or a single score.

d. Diagnostic summary

- Specific diagnostic statement (DSM-5/DSM-5-TR or equivalent), rationale tying observable data to diagnostic criteria, and an explanation of any co-occurring conditions considered or ruled out.

e. Current functional limitations (required)

- Clear description of how the disability **substantially limits** the student in major life activities, especially learning-related tasks (reading, writing, concentrating, organizing, processing speed, test-taking, mobility, sensory functioning, etc.). Provide examples of how these limitations manifest in academic settings.

f. Accommodation recommendations

- Specific, actionable accommodation suggestions directly linked to each functional limitation, with a brief rationale explaining how the accommodation reduces a barrier to access.

g. Treatment/supports

- Current treatment, assistive technology, therapies, or supports in use and how these affect functioning and accommodation needs.

5. What documentation alone cannot do

- **Documentation is not an automatic entitlement to any particular accommodation;** it informs an individualized interactive process between the student and the institution to match accommodations to documented functional needs.

- Test scores or checklists without contextual interpretation are insufficient. Evaluations must interpret findings within the student's functional, educational context.

7. Confidentiality and records

All documentation submitted becomes part of a confidential file maintained by Disability Services and handled in accordance with FERPA and applicable institutional privacy policies. Information will be shared only with campus personnel on a need-to-know basis to implement accommodations. Students may request copies of their files.