



Documentation Checklist

Name:

DOB:

Status:

Enrollment Term:

GENERAL DOCUMENTATION REQUIREMENTS

- Documentation within three years or meets exceptions? Date:
- Diagnosis clearly stated? Date:
- Examiner credentials: (Licensed, Certified, etc.)

DIAGNOSTIC INFORMATION

- History of condition
- Duration of condition (chronic, episodic, or short term)
- Severity of condition (mild, moderate, severe)
- DOCUMENTATION ACCEPTED**

MOBILITY

- Does student use a motorized or manual wheelchair, scooter, etc.?
- Does student use crutches, cane, etc.?
- Does student use a personal attendant?
- Other

FUNCTIONAL LIMITATIONS (how the condition affects the student academically and/or physically)

(sit, stand, ambulate, climb stairs, dexterity, etc.)

ASSISTIVE TECHNOLOGY

ACCOMMODATION NOTES