

DOCUMENTATION GUIDELINES

Students seeking academic and/or non-academic accommodations at Wingate University must self-declare a disability and provide supporting documentation as a first step in requesting reasonable accommodations. The documentation will be reviewed by the staff of Disability Support Services to establish eligibility for services. All documentation will be kept confidentially and in a secure location. In order to receive accommodations, the documentation must demonstrate that you have an impairment or condition that substantially limits functioning in one or more major life activities.

1. Student form to complete:

<https://rainier.accessiblelearning.com/Wingate/ApplicationStudent.aspx>

2. Submit documentation.

3. Please schedule an intake appointment with the DSS office once you have requested the documentation be sent to our offices: Contact Ms. Kristin Wharton:

<https://www.cloudhq.net/meeting/AH88lqGI4HuJ4I7XDw9>

Accommodations and services are based upon assessment of the current impact on academic performance or access to the University's programs, facilities and services. IEPs, 504 plans and summary letters if provided as the only documentation are usually insufficient. Applicants are encouraged to provide comprehensive documentation to facilitate the process of determining eligibility for services in a timely manner. Wingate University Office of Disability Support Services will make the final determination of whether appropriate and reasonable accommodations are warranted and can be provided for the student. **Students with disabilities are expected to satisfy the academic standards required by the college.**

REQUIRED DOCUMENTATION (Alternate to form)

1. Documentation should be prepared by a licensed/clinical psychologist, psychiatrist, or other professional qualified to diagnosis emotional/mental health disabilities. All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator.
2. A current diagnostic code (DSM-IV, IV-R, V), date of diagnosis, date of last visit, and severity of the condition should be included, as well as treatment history and treatment plan. DSS reserves the right to request additional documentation if deemed necessary to provide reasonable and appropriate accommodations.
3. The impact of the disorder on the individual should be discussed with detail regarding academic requirements. **Documentation consisting only of a diagnosis, chart notes, and/or prescription pad notation is insufficient. Do not submit handwritten documentation.**
4. If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitation imposed by the disability.
5. What medication(s) does the student take for emotional/mental health support? Do symptoms persist even with medication?
6. A current neuropsychological or psychological evaluation report must allow the student to be accommodated more thoroughly.

CONCUSSION/TRAUMATIC BRAIN INJURY Documentation



This form is intended to assist your client in meeting the documentation requirements for requesting academic accommodations on the basis of a Concussion/Mild Traumatic Brain Injury (mTBI) at Wingate University. Please fill out all of the questions on the below form, even if the material has been included in your full evaluation and/or clinical summary. The documentation must describe a disabling condition, which is defined by the presence of significant limitations in one or more major life activities.

This documentation should provide information regarding the severity, duration and prognosis, of symptoms, as well as the specifics describing how it has interfered with educational achievement. Please include a copy of all assessments used in making diagnosis.

Most students with Concussion/mTBI will be accommodated as students with temporary disabilities. Accommodations are based on an individualized determination of need. Therefore your thoughtful assessment of the most important symptoms and domains of impairment will be the most useful in determining how to best serve your patient.

All information will be kept confidential. Please feel free to contact Disability Support Services at (704) 233-8271 with any questions.

For the student to complete:

Name(Please print): _____ Student ID#: _____

Signature: _____ Date: _____

For the current diagnostician or treating healthcare provider to complete:

1. Diagnosis: Please list all relevant diagnoses and ICD Code:

a. Date(s) of Injury: _____

b. Date of Assessment: _____

c. Date of last clinical contact with student: _____

2. Evaluation

a. How did you arrive at this diagnosis?

Medical evaluation

Structured or unstructured interviews with student.

Interviews with other persons (i.e. parent, teacher, coach).

Behavioral observations.

Diagnostic Imaging (CT, EEG, MRI, other)

Neuropsychological or cognitive testing. Attach documentation.

Psychological testing. Attach documentation.

Other exam: Specify _____

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b. Current Symptom Checklist. Please indicate all relevant symptoms and rate current severity:

Current Symptom	None	Mild	Moderate	Severe
Photosensitivity				
Cognitive Fatigue				
Visual Fatigue				
Attention/Concentration				
Memory and Learning (encoding and retention of new information)				
Memory (recall/retrieval)				
Neurobehavioral Symptoms (impulse control/irritability/mood)				
Noise Sensitivity				
Physical Symptoms (headache, nausea, dizziness)				
Problem Solving				
Rate of Information Processing				
Motor or Sensory Symptoms				
Other				

c. Overall Severity of symptoms:

_____Mild _____Moderate _____Severe

d. Prognosis of disorder:

_____Excellent _____ Good/Fair _____ Poor

e. Duration of disorder

1-3 months 3-6 months 6-12 months >12months

f. Current treatment plan:

Medication management:

Current medications: _____

Side effects if present: _____

Physical/Occupational/Speech/Cognitive therapy

Frequency: _____

Other (please describe) _____

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3. Functional Limitation Checklist: Please indicate all that apply and rate severity below:

Functional Impairment	No	Mild	Moderate	Severe
Reading/Studying				
Organization				
Test taking				
Computer Use				
Attendance				
Papers/Projects				
In Class Presentation/Participation				
Other (e.g. labs, group work, field trips)				

4. Please describe in detail any functional limitations that fall into the severe impairment range:

5. **Co-existing conditions** Please provide details about any coexisting psychiatric or medical conditions. Please include all relevant reports.

6. **Accommodation Recommendation Checklist:** Please select recommended accommodations based on your assessment of the student’s current clinical symptoms and related functional impairments. *Please note that selecting all will not be helpful in determining the best plan for your patient.*

Accommodations	Suggested	Rationale
Attendance flexibility	Yes No	
Reschedule exams	Yes No	
Extensions for projects or papers	Yes No	
Physical rest	Yes No	
Cognitive rest (please define scope)	Yes No	
Brief breaks during exams	Yes No	
Lower lighting during exams	Yes No	
Assistive Technology	Yes No	
Note Taker	Yes No	
Other:	Yes No	

Comments

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7. How long is the temporary accommodation expected to be needed? If the accommodation needs to be extended, please let us know prior to expiration.

_____ Weeks _____ end of the semester _____ Other

8. (Optional) Please provide any additional information you feel will be useful in determining the nature and severity of the student's disability, and any additional recommendations that may assist in determining appropriate accommodations and interventions:

Thank you for your help in providing this information so that we may begin services as soon as possible. Please complete the provider information below. This form should be signed and returned to the DSS office at Wingate University at the address shown at the end of this document.

PLEASE NOTE: To provide documentation of a TBI the diagnosing professional must be a physician, neurologist or other medical specialist with experience and expertise in the area related to the student's disability should make the diagnosis.

Provider Information: I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Signature: _____ Date: _____

Print Name and Title: _____

State of License and Number: _____

Address:

Please send documentation and/or direct questions to:
Disability Support Services Office Wingate University
PO BOX 159 Wingate, NC 28174 Phone: 704-233-8271 Fax: 704-233-8268
access@wingate.edu