Student Accessibility Services (SAS)

Enrollment Documentation Guidelines for Physical and Medical Disabilities

The Student Accessibility Services (SAS) program at Bishop McGuinness Catholic High School serves a strategic role in ensuring equitable academic access for our student body. By adhering to rigorous documentation standards, we maintain institutional integrity and ensure our students are prepared to meet the stringent requirements of national testing benchmarks, such as those established by the College Board and ACT. These guidelines provide a transparent and professional framework for evaluating accommodation requests fairly. School policy dictates that academic accommodations are reserved exclusively for students with documented long-term physical or medical disabilities that significantly impact their learning or testing environment.

Policy Clarification

- **Institutional Independence:** Previous informal arrangements, Individualized Education Plans (IEPs), or 504 plans from prior educational settings do not automatically guarantee eligibility within the SAS program.
- **Temporary Conditions:** These guidelines specifically exclude temporary medical conditions (e.g., a broken arm or short-term illness). Students requiring support for temporary impairments should refer to their grade-level counselor. To ensure the highest level of clinical and academic accuracy, the following sections outline the specific requirements for medical documentation and evaluator expertise.

Section I: Evaluator Qualifications

The foundation of the accommodation process is the credibility and expertise of the diagnosing professional. Because the SAS team relies on these clinical insights to accommodate academic delivery, the credentials of the evaluator must be beyond reproach. Mandatory criteria for evaluators include:

- **State Licensure:** Evaluators must be medical professionals licensed by the state in which they practice.
- **Specialized Expertise:** The professional must possess specific expertise and training related to the student's particular physical or medical diagnosis.
- **Clear Documentation of Credentials:** All reports must clearly state the professional's credentials and demonstrate their relevance to the condition being assessed.Once the qualifications of the evaluator are established, the team then examines the temporal relevance of the evidence provided.
- **Documentation must be submitted in its original "wet signature" hard copy form.**

Disclaimer: Artificial Intelligence was utilized to help draft these guidelines.

Section II: Currency of Documentation

The dynamic nature of physical and medical conditions necessitates that documentation be current. Because symptoms, treatment efficacy, and functional impacts can fluctuate, the SAS team requires evidence that reflects the student's current physiological and academic status.

- **The 12-Month Rule:** To ensure validity, evaluations or formal medical updates must be conducted within 12 months of the date the accommodation request is submitted.
- **Initial Evaluation Exception:** If the initial comprehensive diagnosis and evaluation were conducted less than one year prior to the request, an update is not required. Current documentation allows the school to tailor support to the student's actual needs rather than historical data, leading to a more precise clinical diagnosis.

Section III: Clinical Diagnosis Requirements

From a policy perspective, a "clinical-grade" diagnosis is required to distinguish between general medical management and the necessity of academic intervention. Documentation must move beyond generalities to meet professional diagnostic standards.

Insufficient Documentation	**Required Documentation**
Brief doctor's notes or summary letters lacking clinical depth.	A specific medical or physical diagnosis aligned with professional standards.
General notations on a **prescription pad** or non-specific statements of "medical necessity."	A detailed description of the student's condition, including age and date of onset.
Statements that do not specify the nature of the impairment.	Evidence-based descriptions of the student's current physiological status.

This diagnostic precision provides the framework for a deeper clinical assessment of the student's daily functioning.

Section IV: Clinical Assessment and Evidence

Clinical evidence is the vital component that transforms a medical diagnosis into a practical academic support plan. For the SAS team to approve a request, the documentation must reflect a comprehensive evaluation rather than a surface-level summary.The medical evaluation must include:

1. **Symptom Profile:** A detailed description of current symptoms, specifically addressing their frequency, intensity, and duration.
2. **Medication Regimen:** A list of current medications and a narrative explaining their specific effects on the student's disability and their impact on the student's ability to perform during high-stakes testing. In accordance with the **ACT standard**, the SAS program does not require the submission of raw data such as X-rays or raw lab reports, provided that the clinical narrative is comprehensive, objective, and clearly justifies the requested supports. This narrative must be contextualized within the student's broader history.

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Section V: Academic Impact and History

A student's longitudinal history provides the SAS team with critical data points to validate the persistence and severity of a disability. This historical context ensures that the impairment is not a transient issue but a long-term barrier to access. Documentation of the student's history must include:

- **Developmental and Medical Milestones:** Specific milestones related to the onset and progression of the impairment.
- **Response to Prior Interventions:** The outcomes of current and previous therapeutic efforts, such as:
    - Physical therapy.
    - Occupational therapy.
    - Speech therapy.
- **Institutional Impacts:** Documented evidence of the condition's effect on the student's education, including school absences, hospitalizations, homebound status, or the necessity of reduced schedules. A well-documented history serves to justify the specific accommodations requested by the evaluator and the student.

Section VI: Rationale for Requested Accommodations

Every accommodation must be anchored by the "nexus of necessity"—a direct, logical link between a specific functional limitation and the proposed solution. Accommodations are never granted based on the presence of a diagnosis alone; they are granted to mitigate the specific barriers caused by that diagnosis.Evaluators must provide a clear rationale linking the following:

- **Functional Limitation:** Blood sugar instability → **Requested Accommodation:** Permission to test blood sugar, take medication, or consume food during testing.
- **Functional Limitation:** Chronic pain or significant fatigue → **Requested Accommodation:** Specified rest breaks or extended testing time.
- **Functional Limitation:** Mobility or dexterity impairments → **Requested Accommodation:** Use of specific assistive technology or a scribe. While clinical rationales are necessary for eligibility, they must be validated by real-world classroom performance before final approval.

Section VII: Bishop McGuinness SAS Teacher Survey (The Classroom Observation Pillar)

Modeled after College Board standards, classroom observations provide the essential "real-world" evidence needed to validate clinical requests. This pillar of our process ensures that the requested accommodations are not only medically recommended but are functional and necessary in a learning environment. The mandatory Teacher Survey requires faculty to report on:

- **Consistent Usage:** Direct observation of which accommodations the student utilizes for daily work versus those accessed only for major assessments.
- **Extended Time Analytics:** Detailed tracking of the actual percentage of additional time used (e.g., 50%) specifically for **multiple-choice items** compared to **other question types, such as essays, short-answer questions, and math problems** .
- **Symptom Manifestation:** Accounts of how the student's symptoms manifest during the school day, including their frequency and severity during academic tasks.
- **The "Counter-Factual" Impact:** Observations of the specific consequences to the student's performance and physiological well-being when accommodations are *not* provided. This

teacher-provided data serves as the final verification of the student's functional need, bridging the gap between clinical theory and classroom reality to ensure the integrity of the SAS program.

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