BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL
STUDENT ACCESSIBILITY SERVICES (SAS) •
TESTING & CLASSROOM ACCOMMODATIONS

PHYSICAL OR MEDICAL DISABILITY DOCUMENTATION CHECKLIST

PURPOSE: This checklist is designed to help families and licensing evaluators gather and submit the objective medical documentation required to establish eligibility for testing and classroom accommodations at Bishop McGuinness Catholic High School. In alignment with professional standards established by the College Board and the ACT, accommodations are reserved for students with documented, long-term physical or medical disabilities. Having a prior informal plan (e.g., an IEP, 504 plan, or middle school accommodations plan) does not automatically guarantee accommodation eligibility at Bishop McGuinness; a complete diagnostic review must still be conducted.

▪ ▪ **IMPORTANT NOTICE ON TEMPORARY CONDITIONS:** Temporary medical conditions, short-term illnesses, or injuries (e.g., a broken arm or surgical recovery) are not eligible for accommodations under these long-term SAS guidelines. Families seeking short-term, temporary support should consult the SAS Coordinator directly to initiate a separate Temporary Medical Accommodations process.

PART I: COMPREHENSIVE DOCUMENTATION CRITERIA

Before submitting documentation to the SAS Coordinator, please ensure that your medical file contains all of the following core criteria as utilized by national standardized testing agencies:

☐ **Qualified State-Licensed Evaluator:** Documentation must be completed by a qualified, state-licensed professional with credentials directly relevant to the specific physical or medical diagnosis. Credentials and licensing must be clearly stated on the report (e.g., MD, DO, Pediatric Neurologist).

☐ **Currency & Recency of Documentation:** Because physical and medical conditions change over time, documentation must be up-to-date. In alignment with College Board and ACT standards, an evaluation update must be performed within 12 months (1 year) of the accommodation request. (Exception: if the initial comprehensive diagnostic evaluation report is less than one year old, no separate update is required).

☐ **Clear Diagnostic Statement:** A clear, specific physical or medical diagnosis must be provided. Documentation must outline the specific condition, its severity, and specify the age or exact date of onset of the impairment. ***Note: A brief note on a doctor's prescription pad or a general summary is legally insufficient.***

☐ **Clinical Assessment and Evidence:** Documentation must include full reports from relevant medical examinations and standard objective tests. It must describe current symptoms (frequency, intensity, and duration), current medication regimens, and their direct impact on the student's academic and test-taking abilities. ***In alignment with ACT guidelines, raw diagnostic medical images (such as X-rays) or raw lab results are NOT required, provided the clinical narrative is comprehensive.***

☐ **Relevant History:** A historical narrative must detail the onset of the impairment, the student's developmental and educational history, and their response to interventions (such as occupational therapy, physical therapy, speech therapy, or pharmacological treatments).

☐ **Detailed Functional Limitations:** Documentation must explicitly describe how the physical or medical condition currently limits the student's daily academic functioning and ability to participate in standard classroom activities and testing.

☐ **Rationale for Recommended Accommodations:** The diagnosing medical professional must provide a clear, logical link connecting the student's functional limitations to each requested accommodation (e.g., explain why a diagnosis of Type I Diabetes warrants testing breaks to monitor blood sugar, or why a rheumatological condition requires permission to stretch).

Disclaimer: Artificial Intelligence was utilized to help draft this checklist.

BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL
SAS REQUEST FORM

Student Full Name:	_____	**Date of Birth:**	____ / ____ / _____
Current Grade:	9 / 10 / 11 / 12	**Date of Request:**	____ / ____ / _____
Parent/Guardian Name:	_____	**Parent Email/Phone:**	_____

PART II: ACCOMMODATIONS REQUESTED & MEDICAL RATIONALE

Please list below the specific accommodations requested for classroom and testing, along with the medical justification as outlined by your physician. Common medical accommodations include: extended testing time, specific rest breaks, permission to eat food, take medication, monitor blood sugar, or utilize specialized medical equipment during school hours.

Requested Accommodation	Medical / Functional Justification (Physician Notes)
Example: Permission to take testing breaks (10 min per hour)	Student has a diagnosed rheumatological condition causing severe joint stiffness. Needs to stand, stretch, and perform hand therapy exercises to prevent severe cramping.
1.	
2.	
3.	
4.	

PART III: REQUIRED ATTACHMENTS & SIGNATURES

- A full copie of medical evaluations, diagnostic testing results, and professional clinical summary.
- Detailed medical history indicating age/date of condition onset and therapeutic interventions.
- Detailed medication schedule and description of side-effects affecting cognitive or physical stamina.

Physician/Evaluator Signature: _____ **Date:** ____ / ____ / ____

Physician Name (Printed): _____ **Medical License #:** _____

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

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