

Aquinas College Accessibility Services Office

1700 Fulton St. E., Wege Center Room 103

Grand Rapids, MI 49506

(616) 632-2177 / (616) 732-4467

Disability Verification: Autism Spectrum Disorder

Aquinas College is required by Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (1990), and the Americans with Disabilities Amendment Act (2008) to provide accommodations that are needed for equitable access to the College's programs and services.

Federal law defines a disability as a "physical or mental impairment which substantially limits one or more major life activities." Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. It is important to note that any diagnosed condition in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" a major life activity.

Aquinas College Accessibility Services Office strives to provide accommodations for qualified students. By law, this office is unable to modify requirements that are essential to the course or program, or provide accommodations for persons whose impairments do not substantially limit one or more major life activity. Students seeking services must provide appropriate medical documentation in order for this office to determine eligibility for accommodations and, if eligible, determine appropriate accommodations.

Students who are requesting accommodations due to a mental health condition need to have this form completed by a licensed psychiatrist, psychologist, or other qualified and licensed mental health professional. Professionals completing this form must have first-hand knowledge of the student's condition, and ideally experience diagnosing and treating college students. Diagnosis of a disability by a family member is not acceptable.

Student Information

To be completed by student

I request that this form be completed and returned, along with any supporting documentation regarding my condition, to Aquinas College Accessibility Services Office.

Student Signature _____ Date _____

Student Name (Print) _____ Student ID _____

Healthcare Provider Information

To be completed by healthcare provider's office

The information I have provided is accurate to the best of my knowledge and the condition for which I treat the student is within the scope of my professional licensure or certification.

Signature: _____ Date: _____

Print name, Title, Credentials: _____

Address: _____

Phone: _____

Medical Information

To be completed by healthcare provider's office

Diagnosis: Please include DSM code(s) and name of condition(s)

Date of Onset:

Date of Diagnosis:

Date of last contact/appointment:

Diagnostic Tools: How did you arrive at your diagnosis/diagnoses? Please check any relevant items below:

- | | |
|--|---|
| <input type="radio"/> Interviews with the client | <input type="radio"/> Interviews with other persons |
| <input type="radio"/> Behavioral observations | <input type="radio"/> Developmental history |
| <input type="radio"/> Medical history | <input type="radio"/> Neuro-psychological testing |
| <input type="radio"/> Psycho-educational testing | <input type="radio"/> Self-rated interviewer rated scales |
| <input type="radio"/> Other | |

Prognosis: Expected duration of primary condition

- Permanent
- Temporary

Characteristics of Limiting Condition(s): (Check all that apply)

- Stable
- Episodic
- Slow Progression
- Rapid Progression
- Improving

Additional comments/information:

Medication:

If there are any prescribed medications, please fully describe any side-effects that may adversely affect the student's academic performance.

How often does your client receive treatment?

- Weekly
- Monthly
- Annually
- As needed

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Major Life Activity	Impacts	Recommendations for Accommodations and Services Please provide specific recommendations to address impacted major life activities
Concentration	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Long Term Memory	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Short Term Memory	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Sleeping	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Eating	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Social Interactions	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Self-Care	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	

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Managing Internal Distractions	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Managing External Distractions	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Time Management	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Motivation	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Stress Management	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Organization	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Other (Explain):	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	
Other (Explain):	<input type="checkbox"/> No Impact <input type="checkbox"/> Moderate Impact <input type="checkbox"/> Substantial Impact <input type="checkbox"/> Unsure	

Impact on Student's Ability to Learn:

One of the major tasks of the Accessibility Services Office is to make a determination regarding academic accommodations. In order to make such a determination and establish what constitutes reasonable and appropriate academic accommodations, we need to understand the degree of impairment caused by the student's disability. Please provide a detailed and comprehensive summary of how, in a college educational environment, this student's disability impacts his/her ability to learn. Give specific examples based upon your direct observation, reports by parents, significant others, teachers, or employers and any documented records you may have in your possession:

On Campus Housing or Meal Plan Accommodations:

Provide recommendations for **campus housing/residence hall/dorm** accommodations (e.g. a single room). Include a clear rationale between key components (symptoms, functional limitations) of the diagnosed condition and the accommodation requested and any past accommodations and their effectiveness.