Documenting Physical Disabilities

Vermont Law and Graduate School provides equal access to services and programs to all qualified individuals with disabilities. If you have a physical disability, you may be entitled to reasonable accommodations under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. If you request accommodations, it is recommended that you provide VLGS with documentation indicating that a specific disability exists and that the identified disability substantially limits or restricts the condition, manner, or duration under which an average person in the population can perform a major life activity, including learning. The documentation should also support each request for accommodation, academic adjustment or modification, or auxiliary aid.

While Vermont Law and Graduate School strives to accommodate students and prospective students as fully as possible, reasonable accommodations do not include measures that fundamentally alter the academic program (significant difficulty or expense in, or the provision of the accommodation factors in determining: size of program or class, financial resources, cost of accommodation, alteration of course requirements, disruption to other students), place undue burden on the institution (change so significant that it alters the essential nature of the goods, services, facilities, privileges, advantages, or accommodations offered), or create a direct threat situation that could cause harm to an individual or others (risk of substantial harm to the health or safety of others that can’t be eliminated or reduced by accommodation if the accommodation were to be put in place).”

Please read VLGS Documentation Guidelines carefully. You may want to share this document with your provider, to ensure the documentation is prepared in accordance with these requirements.

Relevant Terminology

Physical disabilities include but are not limited to impairments, chronic illnesses, traumatic brain injury, arthritis, and visual, hearing, mobility, and manual limitations.

Major life activity: Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks.

Current functional limitation: A substantial impairment in an individual's ability to function with respect to the condition, manner, or duration of a required major life activity.

Documentation Guidelines

I. A Qualified Professional Should Conduct the Evaluation

- Documentation containing assessments or diagnoses of specific physical conditions and making recommendations for appropriate accommodations should be prepared by a qualified professional.
- **Diagnoses of physical disabilities documented by family members will not be accepted.**
- The name, title and credentials of the qualified professional writing the report should be included. Information about licensure or certification, including the area of specialization, employment and the state in which the individual practices, should also be clearly stated in the documentation. All reports should be typed on professional letterhead, dated and signed.
II. Documentation Should Be Current

- The student should provide recent documentation from a qualified evaluator, even in the case of a long-standing or permanent diagnosis. **Generally, the documentation should not be more than five years old**, but a more recent evaluation or update may be needed, depending on the diagnosis and the accommodations requested.
- The documentation and suggested accommodations should be relevant and appropriate for a law and graduate school environment.
- Report should accurately describe the current impact of the disability and the need for accommodations.
- Report should indicate the current anticipated course of the condition.

III. Documentation Necessary to Support the Diagnosis Should Be Comprehensive

- **History:** The report should include a history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data.
- **Diagnosis:** The report should include a specific diagnosis.
- **Rule Out:** The report should provide evidence that alternative etiologies or explanations have been considered in a differential diagnosis and ruled in or out as appropriate. Such alternative explanations include substance abuse; medication effects; psychiatric, learning, and attentional disorders; and motivational factors affecting performance/functioning.
- **Impact:**
  - The documentation should describe the current functional limitations in the academic and employment environment. The description should include medical information describing the degree to which the current functional limitations restrict the condition, manner, or duration under which the student can perform a major life activity as compared to the average person in the general population.
  - The report should provide relevant information regarding current treatment for this or any other conditions, and their degree of impact on the student’s academic performance.
  - Report should mention any mitigating factors, such as medication or hearing aids.
- **Accommodations:**
  - The documentation should include specific recommendations for accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The evaluator should support recommendations with a rationale based upon specific test results and/or clinical observations. Nevertheless, students and providers should be aware that VLGS has ultimate responsibility for deciding which accommodations are reasonable in the context of VLGS’s academic program.
o If an accommodation is not clearly identified in the diagnostic report, Vermont Law and Graduate School will seek clarification, and, if necessary, more information. VLGS will make the final determination as to whether accommodations are warranted and can be provided for the individual.

o VLGS cannot approve accommodation requests for conditions for which the functional limitations are not reasonably predictable. Thus, requests for blanket deadline waivers, or permissions to reschedule exams in anticipation of possible disability-related health problems will not be granted. If a sudden or unanticipated health problem renders a student, (1) unable to start a scheduled exam; (2) unable to complete an exam already started or (3) unable to complete a paper or take home exam by its due date, accommodations may be granted on a case-by-case basis. See VLGS Temporary Disability Policy.

o If there is no prior history of accommodations, the evaluator and/or the student should include a detailed explanation of why accommodations were not needed in the past and why they are now being requested.

IV. Multiple Diagnoses

Multiple diagnoses may require a variety of accommodations beyond those typically associated with only a single diagnosis. For example, when accommodations are requested based on multiple diagnoses (e.g., cancer with an accompanying depression), documentation should also comply with VLGS’s guidelines pertaining to the documentation of these specific conditions.

V. Confidentiality

Information concerning a student’s disability, including all documentation submitted in support of a request for accommodations, is treated as confidential under applicable laws and school policies. The information is provided only to individuals who are privileged to receive such information on a need to know basis. VLGS will maintain confidential records and all documentation pertaining to disabilities within the Office of Diversity, Equity, and Inclusion. A copy of the letter determining eligibility for and granting accommodations is submitted to the Registrar’s Office. Upon graduation or termination of enrollment, these records shall be archived apart from official educational records.
INSTRUCTIONS

To the Certifying Medical Professional: this cover sheet to be attached to your diagnosis report. In order to support the student’s request for accommodations, the documentation explaining the diagnosis should be comprehensive. Whenever applicable, please follow the guidelines below:

• **History:** Your report should include a history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data.

• **Diagnosis:** your report should include a specific diagnosis.

• **Rule Out:** The report should provide evidence that alternative etiologies or explanations have been considered in a differential diagnosis and ruled in or out as appropriate. Such alternative explanations include substance abuse; medication effects; psychiatric, learning, and attentional disorders; and motivational factors affecting performance/functioning.

• **Impact:**
  - The documentation should describe the current functional limitations in the academic and employment environment. The description should include medical information describing the degree to which the current functional limitations restrict the condition, manner, or duration under which the student can perform a major life activity as compared to the average person in the general population.
  - The report should provide relevant information regarding current treatment for this or any other conditions, and their degree of impact on the student’s academic performance.
  - Report should mention any mitigating factors, such as medication or hearing aids.

• **Accommodations:**
  - The documentation should include recommendations for accommodations, including a rationale for each accommodation requested. A link should be established between the requested accommodations and the functional limitations of the individual that are pertinent to the anticipated testing situation.
  - If there is no prior history of accommodations, the evaluator and/or the student should include a detailed explanation of why accommodations were not needed in the past and why they are now being requested.
Summary Cover Sheet for Physical/Sensory Disability Documentation

Student
Name ___________________________________________ Phone __________________________
D/O/B ______________________________________ Phone __________________________
Address ___________________________________________ Phone __________________________
Date(s) of evaluation ___________________________________________

Certifying medical professional
Name ___________________________________________ Phone __________________________
Email ___________________________________________
Address ___________________________________________
Professional title __________________________ Highest degree __________________________
License/certification, number, and state __________________________

Date of Report: __________ Date of first student contact: __________

Diagnosis(es):

Is the course of this condition considered:
Permanent and relatively stable ____ Permanent and variable ____
Permanent and progressive ____ Temporary ____

If temporary, please indicate estimated time of impairment/disability ____

If variable or progressive, please characterize expected fluctuations or progression in full report.

Does this student take medication or undergo treatment that may adversely affect academic performance or behavior? Yes ___ No ___
If “yes,” please briefly describe (please detail in full report):

Please continue to other side
In your opinion, does any diagnosed condition above substantially limit a major life activity?  Yes ___  No ___  Not sure ___

If yes, identify the condition above with an asterisk and briefly specify the substantially limited activities here (full report should include detailed explanation of functional limitations):

Summary of recommended accommodation(s) in law or graduate school, if any (should be supported in the full report with a description of specific functional limitations and rationale for each accommodation suggested):

Signature ___________________________ Date _____________________