



**Office of Student Affairs – Disability Services**

**918.343.6828 – disabilityservices@rsu.edu**

**PROFESSIONAL DOCUMENTATION OF DISABILITY**

Student Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Date of Birth: \_\_\_\_\_

**This form is to be filled out by a qualified diagnostician, either being:**

- a. For physical or mental disabilities other than learning disabilities –**
  - i. A licensed physician or psychologist with expertise in the area of disability.**
- b. For learning disabilities –**
  - i. A licensed psychologist or psychiatrist who has experience working with adults with learning disabilities and/or –**
  - ii. Another qualified professional with a master’s or doctorate degree in special education, education, psychology, educational psychology, or rehabilitation counseling who has the training and experience in all the areas below:**
    - 1. Assessing intellectual ability level and interpreting tests of such ability**
    - 2. Screening for cultural, emotional, and motivational factors**
    - 3. Assessing achievement level**
    - 4. Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing, and mathematics.**

1. Describe the nature, history, and extent of the disability. Please provide the corresponding ICD or DSM code.

2. Will the disability change in any way over time? If so, how?

Student Name: \_\_\_\_\_

3. Which of the following major life activities are adversely affected by the disability? Please circle all that apply:

|          |          |         |                       |                         |
|----------|----------|---------|-----------------------|-------------------------|
| Walking  | Seeing   | Hearing | Speaking              | Breathing               |
| Learning | Thinking | Working | Caring for one's Self | Performing manual tasks |

4. If the disability is a learning disability, please include specifics as to the type of disability (e.g. visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.).

5. When was the disability first diagnosed?

6. Describe the tests used to diagnose the disability, findings, and interpretation of test results obtained. Attach copies of the assessments or findings, if available.

7. When was the last evaluation done?

8. Please provide a summary of the current treatment plan including all medications and assistive devices used by the student.

Student Name: \_\_\_\_\_

9. What are your specific recommendations for accommodations for this student in relation to the effect of their disability? Please include a detailed explanation why these accommodations are required.

10. Please describe your credentials, education, and experience which qualify you to make this diagnosis and recommendations for testing.

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the student named above, and that the diagnosis and assessment of accommodations requested are based on my professional judgement. I understand that Rogers State University Disability Services may contact me to obtain additional information or obtain independent assessment by a second professional.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Professional

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Type of License/Certification and No.

\_\_\_\_\_  
Phone number