



Disability Support Services

2800 University Blvd. N.

Jacksonville, FL 32211

Phone: (904) 256-7067 -- Fax: (904) 256-7066

Guidelines and Release Form

Welcome to the office of Disability Support Services (DSS) at Jacksonville University (JU). To be eligible for services at the DSS, a student must satisfy the definition of a disability as established by the Americans with Disabilities Act of 1973. **Section 504 defines a disability as a condition which substantially limits one or more major life activities such as learning, walking, seeing, hearing, breathing, caring for oneself, and working.** *To be eligible for accommodations, a student must provide appropriate documentation of each disability that demonstrates an accompanying substantial limitation to one or more major life activities.*

The following guidelines are provided in the interest of assuring that professionals' statement is appropriate to document eligibility for support services. The student with a disability must provide the office of DSS appropriate written documentation from a licensed professional in the field concerning the specific diagnosis and expected academic limitations.

The documentation must be within the last 3 years. However, the DSS reserves the right to make modifications to this time frame.

I, Print Name , hereby authorize the following information as well as any other pertinent documentation to be forwarded to the office of Disability Support Services at Jacksonville University for the purpose of determining my eligibility for academic accommodations.

Student's Signature:	Date:
Student Id#:	



Important: In order to avoid room for misinterpretation of the following documentation, we request for it to be typed and not handwritten.

Documentation Guidelines for Psychological & Psychiatric Disorders

The following information is to be completed by a psychiatrist, psychologist or other licensed mental health practitioner. After completing this form, please fax or mail it to the office of Disability Support Services at the address at the end of this document. The information you provide will not become a part of the student's educational records but will be kept in the student's file at Disability Support Services where it will be kept confidential. Please contact staff at the office of Disability Support Services if you have questions or concerns. Thank you for your assistance.

1. Diagnosis:

2. Diagnostic Codes (if applicable):

3. Date of Diagnosis and Prognosis: _____ Permanent _____ Temporary

4. Most recent GAF score and/or level of severity:

5. Are there any coexisting conditions, including medical disabilities and learning disabilities that should be considered when providing accommodations (describe if necessary)?



6. In addition to DSM IV criteria, how did you arrive at your diagnosis? Please check all relevant items listed below, adding any comments that you think would be helpful to us as we determine appropriate accommodations and services for this student.

- Interview with the person him/herself
- Interview with other persons
- Behavioral observations
- Developmental history
- Educational history
- Medical history
- Neuro-psychological testing
- Psycho-educational testing
- Educational testing
- Rating scales
- Other (please specify) _____

Comments:

Please, attach copies of testing reports if available

7. Relevant test results or clinical observations used to determine diagnosis: _____

8. Describe symptoms which meet the criteria for diagnosis, and how these symptoms impact the individual's ability to perform in a college setting:

9. What is the student's prognosis? How long do you anticipate the student's performance in a college setting will be impacted by the disability?



10. Check below the major college life activities that are affected to a substantial degree because of the disability:

Eating	
Writing	
Sleeping	
Test-Taking	
Learning	
Regular class attendance	
Organization	
Managing deadlines	
Focusing or concentrating	
Stress management	
Memory	
Classroom group functioning	
Reading	
Memory	
Classroom group functioning	
Social interactions	
Other (please specify):	

11. What medications is the student currently taking? Do limitations persist, even with medication? How might side effects, if any, affect the student's academic performance?

12. What procedures or tests were used to determine functional limitations?

13. What are the student's functional limitations in an academic setting, if any?



14. Indicate below your recommendations regarding academic accommodations and accompanying justifications for the student (e.g., note-takers, extended time for tests, etc.).

Accommodation	Reasoning

*Please attach any additional documentation and/or testing results, which may help us determine the most appropriate assistance for this student.

Continues on the next page,



JACKSONVILLE UNIVERSITY

Professional Credentials,

Student's Name:	
Professional Signature:	Date:
Print Name, Title, Degree:	
Professional License Number:	
Contact Information:	

Thank you for your prompt response to this request. Please return this information to:

Olga L. Florez, M.Ed., M.P.A
Director, Disability Support Services
Davis Student Commons, 3rd floor
Division of Student Affairs
2800 University Blvd. N.
Jacksonville, FL 32211
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