

## **GUIDELINES FOR DOCUMENTATION**

Grove City College Disability Services  
100 Campus Drive, Grove City, PA 16127  
Academic Resource Center, Henry Buhl Library  
[DisabilityServices@gcc.edu](mailto:DisabilityServices@gcc.edu)

In order to determine eligibility for services, the Disabilities Services Office requires complete and current (generally within the last 3 years) documentation of the disability. The documentation should include an evaluation by a qualified professional that documents the current impact of the disability as it relates to the accommodation(s) requested. The diagnostician should be an impartial individual (i.e., not a friend or a family member of the student). Once documentation is received, it will be reviewed. We recommend that documentation be submitted well in advance of any accommodation request. The general guidelines/disability documentation form was developed to assist you in working with your treating/diagnosing professional(s) to prepare the information necessary to evaluate your request for services. Please note, the professional completing the documentation is not required to use our form, however, all information outlined must be included in their letter. If you have questions after reading these guidelines, please call the Disability Services Director at 724-264-4673 or email [DisabilityServices@gcc.edu](mailto:DisabilityServices@gcc.edu). Information may also be mailed to the address above.

- **A diagnostic statement identifying the disability.** *If appropriate, include International Classification of Diseases (ICD) or Diagnostic Statistical Manual (DSM) codes, the date of the most recent evaluation, or the dates of evaluations performed by referring professionals. If the most recent evaluation was not a full evaluation, indicate when the last full evaluation was conducted.*

- **Current functional impact of the condition(s).** *The current relevant functional impacts on physical (mobility, dexterity, endurance, etc.), perceptual, cognitive (attention, distractibility, rate of acquisition and retention, communication, etc.), and behavioral abilities should be described as a clinical narrative and/or through the provision of specific results from the diagnostic procedures/assessment.*

- **Treatments, medications, accommodations/auxiliary aids, services currently prescribed or in use related to the disability.** *Provide a description of treatments, medications, accommodations/auxiliary aids and/or services currently in use and their estimated effectiveness in minimizing the impact of the condition(s). Include any significant side effects that may impact physical, perceptual, behavioral, or cognitive performance.*

- **The expected progression or stability of disability over time.** *If possible, provide a description of the expected change in the functional impact of the condition(s) over time. If the condition is variable, describe the known triggers that may exacerbate the condition.*

- **Recommendations (OPTIONAL)** *If recommendations are included, these should be logically connected to the impact of the condition. When connections are not obvious, they should be explained. Recommendations will be evaluated in the context of the course, program, and College policies.*

THE PRIORITY GOAL FOR GROVE CITY COLLEGE IS TO PROVIDE EQUAL ACCESS FOR ALL STUDENTS TO FACILITIES, PROGRAMS, COURSES AND SOCIAL LIFE.

## DISABILITY DOCUMENTATION FORM

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[DisabilityServices@gcc.edu](mailto:DisabilityServices@gcc.edu)

### STUDENT INFORMATION *(to be completed by the student)*

<b>Student Name</b>			
<b>Student Date of Birth</b>			
<b>GCC School ID#</b>			
<b>Local Address</b>			
<b>Permanent Address</b>			
<b>GCC Email Address (if applicable)</b>			
<b>Phone Number</b>			
<b>Status (circle one)</b>	Current	Transfer	Prospective
<b>Start Term</b>			

By signing this form, the individual named above is authorizing his or her medical provider to release the enclosed information to the Disability Services Office at Grove City College and are authorizing the medical provider to discuss this information with a representative of the Disability Services Office should more information be necessary. This release will remain valid for **one year** from the date of the individual's signature below.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be eligible for services, the student must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These laws define a person with a disability as one who:

- 1.) has a physical or mental impairment which substantially limits one or more life activities, or
- 2.) has a record of such an impairment, or
- 3.) is regarded as having such an impairment.

"Major life activities" are functions such as walking, seeing, hearing, speaking, breathing, sleeping, completing school work and learning, caring for one's self, performing manual tasks, reproduction, and working.

**The following information must be completed by an objective, qualified health care provider.**

### DIAGNOSTIC INFORMATION

<b>Primary Disability</b>		
<b>Secondary Disability (ies)</b>		
<b>Date of Initial Diagnosis &amp; Date of Most Recent Evaluation</b>		

## FUNCTIONAL LIMITATIONS

**Life Impact** – What life activities are impacted by the disability? Please indicate the severity of impact (ex., mild, moderate, severe) and limitations for the student. General assessments are typically insufficient. For example, a statement that “XYZ accommodation alleviates symptoms” is too general and does not explain how the accommodation may alleviate the symptoms of this student’s disability.

## THE EXPECTED PROGRESSION OR STABILITY OF DISABILITY OVER TIME

If possible, provide a description of the expected change in the functional impact of the condition(s) over time (ex. chronic, stable, episodic, temporary, etc.). If the condition is variable/episodic, describe the frequency and known triggers that may exacerbate the condition.

## RECOMMENDATIONS (Optional)

Please summarize any specific recommendations for this student. If the connection to the disability is unclear, please explain how the disability and recommendation are connected.

*Recommendations are not binding on GCC but will be considered within the context of a reasonable accommodation within the College/College programs.*

## CURRENT MEDICATIONS/ TREATMENTS

List current, relevant medication(s), including dosage, frequency, and possible adverse side effects, and/or detail current treatment(s).

**OTHER INFORMATION**

Additional information you want to share about the student or their disability.

**Healthcare Provider Information**

<b>Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>License Number &amp; Issuing State</b>	
<b>Provider Signature</b>	

**NOTE: The Director of Disability Services and Accommodation Support Specialist, in consultation with appropriate College officials, will work with the student through the interactive process to determine reasonable accommodation(s).**

All documentation and relevant information can be submitted via one of the following:

- *Disability Services Office*  
Grove City College  
Academic Resource Center, Henry Buhl Library  
100 Campus Drive  
Grove City, PA 16127
- [DisabilityServices@gcc.edu](mailto:DisabilityServices@gcc.edu)
- Online Application (completed/uploaded by student)  
<https://shasta.accessiblelearning.com/GCC/Start>

**Questions?** Contact [DisabilityServices@gcc.edu](mailto:DisabilityServices@gcc.edu) or call 724-264-4673. No fax number is available.