



The purpose of this packet is to inform students and medical providers guidelines to define and inform students about the specific requirements placed on medical documentation in order to assist with the appropriate accommodations.

In compliance with section 504 of the Rehabilitation Act and the Americans with Disabilities Act and its amendments, the Florida Statute 1001.64, Tallahassee Community College (TCC or the College) shall allow otherwise qualified, eligible students to utilize appropriate accommodations, where the student's disability can reasonably be expected to prevent the student from meeting requirements.

ADA statement: "A reasonable accommodation is a modification or adjustment to a course, program, service, or activity that enables a qualified student with a disability to obtain equal access. Equal access means an opportunity to attain the same level of performance or to enjoy equal benefits and privileges as are available to a similarly situated student without a disability. Only the peripheral requirements of courses, programs, and activities are subject to modification; essential elements of courses, programs, and activities must remain intact."

Section 504 of the Vocational Rehabilitation Act & the Americans with Disabilities Act (ADA)

Physical Disabilities

1. Orthopedic Impairment
 - a. A disorder of the musculoskeletal, connective tissue disorders, and neuromuscular system. Examples include but are not limited to cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand and arm, cardiovascular aneurysm (CVA), head injury and spinal cord injury, arthritis and rheumatism, epilepsy, intracranial hemorrhage, embolism, thrombosis (stroke), poliomyelitis, multiple sclerosis, Parkinson's disease, congenital malformation of brain cellular tissue, and physical disorders pertaining to muscles and nerves, usually as a result of disease or birth defect, including but not limited to muscular dystrophy and congenital muscle disorders.
2. Speech/ Language Impairment
 - a. Disorders of language, articulation, fluency, or voice which interfere with communication, pre-academic or academic learning, vocational training, or social adjustment. Examples include, but are not limited to, cleft lip and/or palate with speech impairment, stammering, stuttering, laryngectomy, and aphasia.
3. Hearing Impairment
 - a. A hearing loss of thirty (30) decibels or greater, pure tone average of 500, 1000, 2000, and 4000 (Hz), unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, high or low tone-hearing loss of deafness, and acoustic trauma hearing loss or deafness.
4. Visual Impairment
 - a. Disorders in the structure and function of the eye as manifested by at least one of the following: visual acuity of 20/70 or less in the better eye after the best possible correction, peripheral field so constricted that it affects one's ability to function in an educational setting, or a progressive loss of vision which may affect one's ability to function in an educational setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, or strabismus.



Disability Specific Guidelines

Documentation for each of the specific disabilities should address a) the currency of the disability (how old is the evaluation), b) medical professional's/evaluator credentials, c) the assessment employed for the diagnosis and d) recommended accommodations, indicating or validating the need for services to minimize the impact in the educational setting.

Physical Disabilities

- A. **Blind or Low Vision.** Letter or report from an ophthalmologist or optometrist. Letter or documentation from an agency specializing in working with and assisting individuals who are blind or have low vision, i.e. Division of Blind Services. Information regarding functional limitations or barriers connected to the student's vision loss in the academic environment is crucial; i.e. "How does vision loss or blindness impair the student's ability to learn?"
- B. **Deaf or Hard of Hearing.** Letter or report from an audiologist or otolaryngologist. Information regarding functional limitations or barriers connected to the student's hearing loss in the academic environment is crucial; i.e. "How does the deafness or loss of hearing impair the student's ability to learn?"
- C. **Orthopedic.** Letter from a physician qualified to diagnose and treat the condition. Identifying the specific orthopedic condition is preferred. Information about side effects of medications prescribed for treatment. Information regarding functional limitations or barriers connected to the student's medical disability in the academic environment is crucial; i.e. "How does the disability impair the student's ability to learn?"
- D. **Other health impairments.** Letter from a physician qualified to diagnose and treat the condition. Information regarding functional limitations or barriers connected to the student's medical disability in the academic environment is crucial; i.e. "How does the disability impair the student's ability to learn?"
- E. Information about side effects of medications prescribed for the treatment. Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.
- F. Medical Professional Credentials. Documentation must be dated and signed by the physician, medical professional or agency. Typed letters on official letterhead. Letters must be signed by an evaluator qualified to make the diagnosis, and include information about license or certification, background and area of specialization.
- G. Recommended Accommodations. Recommended reasonable accommodations that will provide effective access to the student's academic program. (sign language interpreter, real time captioning, etc.). Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.

Current functional Impact

The current functional impact on physical, perceptual, cognitive, mental, and behavioral abilities should be described either explicitly or through the provision of specific results from the diagnostic procedures.

Documentation Currency

Currency will be evaluated based on the typical progression of the disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact functioning, and how the information applies to the current situation of the request for accommodations. Given this, different disabilities may have different document currency for the reason/s stated.



Documentation Requirements Components of All Documentation

1. Completed by a licensed or credentialed examiner (not a family member, nurse or general practitioner).
2. A description of the disability, including the diagnosis and history.
3. A description of the current functional impact in daily living and in an educational setting.
4. A description of the expected duration, frequency, severity, and progression of the condition.
5. A description of the past use of disability services.

General Guidelines

In order to provide reasonable, effective and appropriate academic accommodations to students at TCC who have disabilities, the Office of Student Accessibility Services (SAS) requires students to provide recent, relevant and comprehensive medical documentation of the disability and the disability's impact on the student's participation in a course, program, or activity. The student will also have the opportunity to discuss the impact of the disability on his or her academic performance, as well as discuss what accommodation has worked and what has not been effective.

Individual Education Plan (IEP) or 504 Plan reflects education and accommodation history and MAY or MAY NOT be used to determine the reasonableness of certain accommodations. The Plan should be 5 years old or less; however, not all secondary accommodations are applicable in postsecondary settings. Other documentation may be necessary.

1. Documentation from appropriate medical professionals, i.e. typed letters on official letterhead.
2. Documentation reflects a specific diagnosis or condition and the current functional limitations or academic barriers presented by the disability; i.e., how does the disability create a barrier for the student academically?
3. Include a DSM-IV or DSM-V code where appropriate.

