



Disability Services Office | Lemmons 9, Newberg Campus
414 N. Meridian #6243, Newberg, OR 97132
503.554.2148 (phone) | 503.554.3867 (fax)
georgefox.edu/dso | dso@georgefox.edu

Documentation Information Form (for Provider)

Student Name (print): _____

Date: _____

George Fox University ID: _____

Date of Birth: _____

The above named student has requested accommodations for a disability at George Fox University. The Disability Services Office (DSO) is attempting to determine whether this student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student needs reasonable accommodations.

- Documentation should be completed by a qualified professional, such a treating or diagnosing health or mental health professional.
- Documentation from a family member is NOT accepted.
- All documentation will be evaluated on a case-by-case basis to assist the DSO in understanding the affects in an academic setting.
- For psychological disabilities, evaluation and documentation should be within the last six months unless the condition is one that has stabilized.

Options for providing the DSO with documentation for academic accommodations:

1. A complete detailed evaluation or diagnostic report of the condition and impact or limitations caused as a result of the condition(s).
2. A letter from a health or mental health professional on letterhead with the date, signature, and credentials, which must address the questions listed on the attached form.
3. This completed DSO Documentation Information Form with accompanying assessments or test results.

1. What has been diagnosed that affects the student's physical and/or cognitive function?

2. Date of diagnosis: _____

Date first seen: _____

Number of visits: _____

Date of most recent visit: _____

3. How long has the student experienced this and what is the expected duration?

4. What is the evidence supporting the diagnoses that you have or are providing treatment for?
Please provide a copy of any test results supporting the diagnoses (i.e. audiogram/vision report, psycho-educational evaluation, etc.) or other information used to reach the diagnosis.

5. If the student is taking medication, what side effect(s), if any, is the student experiencing?

6. What specific physical and/or cognitive functional impact is the student experiencing in an academic environment? Please elaborate. Include severity of impact: (Mild/Moderate/Severe).

7. Based on the information you provided in Question 6, in your professional opinion, what does the student require in an academic environment to address the impact(s) you specified?
Please provide us with an indication of the level of need for the accommodation(s).

8. Is there any other information you would like to add that might be helpful to us in working with this student?

Please attach any other information (evaluations) relevant to the student's current condition.

Provider information:

Print Name

Date

Signature

License or Certification

Area of Specialization

Phone Number