



Disability Support Services

Alison Hall, Suite 130

240 Academy Street

Newark, DE 19716

Phone: 302-831-4643

Fax: 302-831-3261

TDD: 302-831-4563

Email: dssoffice@udel.edu

Process for Determining Accommodations for a Medical/Physical Disability

In order to provide accommodations the Office of Disability Support Services requires specific information from both the student and a **medical doctor or a qualified medical professional** who does not have a personal relationship with the student. Accommodations are determined on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008.

After the student has submitted the required documentation and completed the registration form on SAM (found on the first page of our website), the student must call our office to make an appointment to meet with an Accommodation Coordinator to determine accommodation eligibility.

Documentation from a medical doctor or qualified medical professional.

Completion of the [Medical or Physical Disability](#) form

or

A signed and dated letter that includes:

- Diagnosis/impairment
- Date of diagnosis
- What Major Life Activities/Major Bodily functions are impaired
- What are the limitations of these Major Life Activities/Major Bodily functions
- Medications: dosage and side effects
- If being treated, how does treatment impact learning in university setting
- Prognosis on condition

Interview with student

- Discuss the impact of this condition on academic functioning both past and present
- Discuss accommodations

[Documentation can be emailed, faxed, or uploaded into SAM.](#)

The Office of Disability Support Services (DSS) will maintain the confidentiality of evaluations to the extent required by state and federal laws.

STUDENT LIFE



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Documentation of a Medical or Physical Disability

In order to provide accommodations the Office of Disability Support Services must receive specific information from a medical doctor or qualified medical professional who does not have a personal relationship with the student.

Student's Name (print)

1) Diagnosis/impairment

2) Date of diagnosis

3) Expected duration of the condition

Temporary

Permanent

Stable

Progressive

4) Is patient/student currently under your care?

Yes

No

5) Medications, effects and possible side-effects

6) Medications and treatment: effects and possible side-effects



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7) Describe the impact on Major Life Activity (i.e. walking, breathing, seeing, hearing, learning, and socializing). (Please list activity, level of impairment, and impact in an university setting).

8) Accommodations recommended in higher educational setting

Must be completed by medical doctor or qualified licensed medical professional

Date

Printed Name and Title of medical doctor or qualified professional

Signature of medical doctor or qualified professional

License Number

Address

Phone

Fax

Email

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