

DOCUMENTATION FOR ACCOMMODATION
ACADEMIC AFFAIRS



847.866.3903 | 847.866.3884 FAX | 2121 SHERIDAN ROAD | EVANSTON, IL 60201 | WWW.GARRETT.EDU

Dear Sir or Ma'am:

Your patient/client has applied for services available to students with conditions through the Registrar's Office at Garrett-Evangelical Theological Seminary. Current and comprehensive documentation of the student's condition/disability must be submitted to the Registrar's Office to determine appropriate and reasonable accommodation(s). The student has indicated that you can provide this documentation; along with information related to the kinds of accommodation(s) the student may need based on the functional limitations that they experience.

The information you provide will *not* become part of the student's educational record but will be kept in a confidential file in the Registrar's Office. In addition to the requested information, please attach all supportive information, reports, and test results relevant to the documented diagnosis and limitations. A form has been provided for your convenience.

Documentation should be completed by a qualified professional who has undergone comprehensive training and has relevant experience in differential diagnosis of the student's condition(s). This individual should have first-hand knowledge of the student's condition(s) and be an impartial individual not related to the student.

Please address the criteria outlined below on professional letterhead or complete the attached verification form and return it by confidential email (as a PDF), fax, or postal mail to:

Postal Mail: Ms. Krista McNeil
Registrar-in-Training
2121 Sheridan Road
Evanston, IL 60201

Email: Krista.mcneil@garrett.edu

If you have any questions, please feel free to contact me by email or phone. Thank you for providing this information and for the support you are offering our student(s).

Sincerely,

Krista McNeil
Registrar-in-Training

Enclosures: Explanation of Documentation Criteria
Documentation Form

EXPLANATION OF DOCUMENTATION CRITERIA

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Attention-Deficit/Hyperactivity Disorder

Documentation should be completed by a qualified professional who has undergone comprehensive training and has relevant experience in differential diagnosis in the full range of psychiatric disorders (e.g., psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors).

1. A clear statement of the DSM-V diagnosis, including pertinent history
2. A summary of assessment procedures, behavioral rating scale and evaluation results used to make the diagnosis. Rating scales may include the Brown or Conners', for example, and evaluations may include IT tests (with special reference to any working memory and processing speed index scores), Conners' CPT II or other continuous performance tests, Trail Making Test, memory/attention/processing/fluency subtests from batteries such as the Woodcock-Johnson III Tests of Cognitive Abilities and of Achievement.
3. Treatment information including current medication
4. Suggestions of reasonable accommodation(s) (should be supported by the diagnosis)

Psychological Conditions

Documentation should be completed by a qualified professional who has undergone comprehensive training and has relevant experience in differential diagnosis in the full range of psychiatric disorders (e.g., psychologists, neuropsychologists, psychiatrists and other relevantly trained medical doctors).

1. A clear statement of the DSM-V diagnosis, including pertinent history
2. A description of present symptoms, fluctuating conditions/symptoms, and prognosis
3. Current documentation
4. A summary of assessment procedures used to make the diagnosis
5. Medical information to be considered in a seminary environment, including medication needs
6. Suggestions of reasonable accommodation(s) (should be supported by the diagnosis)

Physical Conditions and Short-Term Conditions

Documentation should be completed by a qualified professional who has undergone comprehensive training and has relevant experience in differential diagnosis in the full range of physical conditions (e.g., medical doctors and licensed physical and occupational therapists).

1. A clear diagnosis, including pertinent history
2. A description of present symptoms, fluctuating conditions/symptoms, and prognosis
3. Current documentation
4. A summary of assessment procedures used to make the diagnosis
5. Medical information to be considered in a seminary environment, including medication needs
6. Suggestions of reasonable accommodation(s) (should be supported by the diagnosis)

MEDICAL VERIFICATION
ACADEMIC AFFAIRS



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This section should be completed by the Garrett-Evangelical student.

Name: _____ Date: _____ ID #: _____

Email: _____ Birthdate: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____

The following sections should be completed by the licensed professional.

Contact with the Student

Date of initial contact with student: _____

Date of last contact with student: _____

Date this form was completed: _____

Diagnostic Information

Diagnosis: _____

Date of diagnosis and duration of condition(s): _____

Age at onset of symptoms: _____

Summary of present symptoms:

Describe settings in which symptoms are most evident:

Describe the prognosis for the condition(s):

Is the condition currently stabilized? Are there crisis episodes associated with the condition(s)?

Please complete this section for ADHD and Psychological Conditions.

DSM-V diagnosis: _____

DSM-V diagnostic criteria that were identified as present in this case and the diagnostic procedures/assessments/scales used to identify these criteria:

Please discuss how other possible psychiatric or medical disorders which may cause problems with inattention are considered, evaluated, and documented in the differential diagnosis process. Also discuss any dual diagnoses and alternative or coexisting conditions.

Medications

List current medication(s) including dosage, effectiveness, and side effects:

Please describe the anticipated adjustment period for any medication(s) that the student is taking which may cause side effects:

Current compliance with medication plan:

Information Supporting Accommodation Requests

Describe the student’s functional limitations in an educational setting (i.e., difficulty sitting for long periods of time, unable to type, unable to walk, etc.):

What academic accommodations do you recommend to equalize this student’s educational opportunities at the post-secondary level? Please describe educational accommodations (i.e., testing/quiz time or format) as well as architectural accommodations (i.e., wheelchair accessibility, assistive devices).

Please provide any additional information you feel will be useful in determining the appropriate type of accommodations for the student in an academic setting.

Please attach copies of other relevant information, forms, diagnostic test results, etc. as needed.

Certifying Authority

Signature: _____

Printed Name: _____

Title: _____

License/Certification Number: _____

License/Certification Issuing State: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____

Fax Number: _____

Return this form and all accompany documentation to:

Ms. Krista McNeil
Registrar-in-Training
2121 Sheridan Road
Evanston, IL 60201
Phone: 847.866.3978
Email: krista.mcneil@garrett.edu