

## Documenting a Disability – ISU Dining

The following information must be included in the documentation provided by your licensed healthcare provider. This information assists ISU to determine eligibility for services and possible reasonable accommodations. Responses must be type-written, on letterhead, and signed/dated by an individual qualified to diagnose and treat the indicated condition(s). Incomplete information may delay consideration of the student's request for accommodations.

1. Student name
2. Student date of birth
3. Describe your relationship to the student and how long you have been treating the student
4. Provide the background and history of the student's medical condition(s)
5. Indicate the current diagnosis/diagnoses (i.e. ICD or DSM code, etc.) and severity of the condition(s)
6. Indicate the current impact of the condition/diagnosis and demonstrated functional impact of the condition on the student
7. Please indicate any current or past accommodations, auxiliary aids, and/or support services utilized to reduce the impact of the functional impact of the condition
8. Indicate all recommended accommodations and the reason(s) these are medically necessary
9. Please indicate the risk, scope, and severity of impact if the recommended accommodations are not provided

The above information may be provided to Student Accessibility Services via:

Secure fax: (515) 294-2397

Email: [accessibility@iastate.edu](mailto:accessibility@iastate.edu)

US mail: 1076 Student Services Building, 2505 Union Drive, Ames, IA 50011-2030