

Chronic Health Disability Assessment Form

Introduction:

Student Accessibility Services provides academic support and accommodations for students with disabilities. Students are required to provide documentation that verifies that a diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act Amendments Act (2008). These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. Eligibility for academic accommodations is based on documentation that clearly demonstrates a student has one or more functional limitations in an academic setting, and that one or more accommodations is needed to achieve equal access.

Completing the Chronic Health Disability Assessment Form:

The Chronic Health Disability Assessment Form must be completed as thoroughly as possible by a qualified healthcare professional. A qualified healthcare professional is typically a licensed physician or a medical provider trained in health assessment. This professional should have comprehensive training and relevant experience in the full range of disorders and uses a differential diagnostic practice to arrive at the diagnosis.

1. **Student Information:**

Client Name:	
Preferred Name:	
Date of Birth (mm/dd/yyyy):	

2. **Diagnosis: What is the DSM or ICD Diagnosis?**

Diagnosis Name	Diagnosis Code

- 3. **Date of diagnosis:**
- 4. **Date of first contact with client:**
- 5. **Date of most recent contact with client:**
- 6. **Number of appointments with you in the last 6 months:**

7. **Differential Diagnoses:**

Are there any suspected diagnoses that may require further testing or evaluation?

- 8. **Is this condition expected to impact the student long-term? Or is the condition expected to resolve with time and treatment? Please describe.**

9. **Assessment of a Functional Limitation to Learning:**

Please use your knowledge of the student’s relevant history and medical condition to complete the following chart. Use the definitions provided to rate the severity of the student’s condition and the condition’s impact on major daily life events.

Please note: In this section, when the term “same age peer” is used, it is specifically referring to a typical same age peer in a postsecondary setting.

Frequency/Duration Definitions:

0 – Never: This life activity is never impacted by the symptoms related to the student’s condition.

1 – Rarely: This life activity is rarely impacted (approximately 1-10 times per year) by the symptoms related to the student’s condition.

2 – Intermittent: This life activity is intermittently impacted (approximately on a monthly basis) by the symptoms related to the student’s condition.

3 – Daily: This life activity is impacted on a daily basis by the symptoms related to the student’s condition.

4 – Chronic: This life activity is impacted on a daily basis by the symptoms related to the student’s condition **AND** this student has historically had and/or will continue to have, a significant ongoing impact on this life activity due to the symptoms related to their condition.

Severity Definitions:

Mild: The student is able to participate in life events as a same age peer would, with little to no functional impact from the symptoms related to their condition.

Moderate: The student is able to participate in life events, but experiences some notable challenges while doing so (specifically from the symptoms related to their condition) that a same age peer would likely not experience.

Severe: The student is not able to participate in life events without significant challenges that either substantially alter the life event for the student or prevent the student’s participation in this life event entirely.

Unknown: Based on your history with the student, you are unable to answer this question with reasonable certainty.

Major Life Activity	Frequency/Duration	Severity			
		Unknown	Mild	Moderate	Severe
Initiating Activities					
Concentration					
Following Directions					
Eating					
Going to Class					
Impulse Control					
Memorization					
Motivation					
Persistence					
Processing Speed					
Organizational Skills					
Sustained Reading					
Sustained Writing					
Planning					
Problem Solving					
Listening					
Sitting					
Speaking					
Interacting with Others					
Sleeping					
Other:					

10. Symptom Assessment (REQUIRED)

Please use your knowledge of the student's relevant history and medical conditions to complete the following chart. Use the definitions provided to rate the severity of the student's condition and the impact of the following symptoms on the student's day to day life.

Please note: In this section, when the term "same age peer" is used, it is specifically referring to a typical same age peer in a postsecondary setting.

Frequency/Duration Definitions:

0 – Never: This symptom never impacts the student's day-to-day life.

1 – Rarely: This symptom rarely impacts (approximately 1-10 times per year) the student's day-to-day life.

2 – Intermittent: This symptom intermittently impacts (approximately on a monthly basis) the student's day-to-day life.

3 – Daily: This symptom impacts the student's day-to-day life a daily basis.

4 – Chronic: This symptom impacts the student's day-to-day life on a daily basis **AND** this symptom has historically had and/or will continue to have, a significant ongoing impact on the student's day-to-day life.

Severity Definitions:

Mild: This symptom is present, but it has little to no functional impact on the student's ability to participate in the activities of their day-to-day life.

Moderate: This symptom is present and causes the student to experience some notable challenges throughout their day as a result that a same age peer would likely not experience.

Severe: This symptom is present and prevents the student from going throughout their day without significant challenges that substantially alter their ability participate in the events of their day or entirely prevents the student's participation in multiple daily events as a result.

Unknown: Based on your history with the student, you are unable to answer this question with reasonable certainty.

Symptom	Frequency/ Duration	Severity			
		Unknown	Mild	Moderate	Severe
Pain (specify)					
Fatigue/loss of energy					
Muscle stiffness					
Joint pain or swelling					
Headaches or migraines					
- Sensitivity to light					
- Sensitivity to sounds					
- Sensitivity to smells					
- Aura					
Loss of consciousness					
Limited or impaired mobility (specify)					
Numbness or tingling					
Difficulty concentrating					
Brain fog					
Difficulty speaking					
Frequent infections					
Physiological Symptoms:					
- Dizziness					
- Fainting					
- Racing Heart					
- Nausea or vomiting					
- Shortness of Breath					
- Chest Pain					
Other:					

11. Is this a flaring condition? Yes No

12. If yes, please describe. How often does it flare? How long do the flares last? Are there known triggers that precede a flare?

13. Please list your recommendations for accommodations that could mitigate the symptoms and functional limitations listed above. Please provide an explanation or rationale for the recommendations utilizing data from objective measures, the student’s educational record or other data sources. If available in a separate report, please attach that report.

Accommodation Recommendation	Rationale

14. Certifier Information:

Clinician Name (Print)	
Clinician Name (Signature)	
Medical Specialty	
License Number	
Address	
Phone	
Email	
Date	

15. Please send this completed form and any additional relevant documentation to:

Student Accessibility Services
Dean of Students Office
1060 Hixson Lied Student Success Center
215 Beach Rd
Ames, IA 50011-2030

Email: accessibility@iastate.edu
Phone: 515-294-7220
Fax: 515-294-2397