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| [Visit the CBC Website](https://www.columbiabasin.edu/) |
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# COLUMBIA BASIN COLLEGE

# Office of Disability Support Services

# Standards for Documentation

(Take to a qualified practitioner or medical professional)

Columbia Basin College (CBC) provides reasonable accommodations based upon an individualized assessment of whether a student’s current condition substantially limits a major life activity. Documentation from a qualified practitioner or a medical professional helps to establish that the student is an individual with a disability, the impact of the disability on a major life activity, and the reasonable accommodations that would be appropriate for the student to access CBC’s educational programs. In accordance with state and federal laws, accommodations must be determined on a case-by-case basis and supported with documentation from a qualified practitioner or medical professional who is properly licensed and/or credentialed to diagnose and treat the condition within the scope of their practice. In most cases, documentation consisting only of a diagnosis, case or chart notes, or based on screening instruments is insufficient to determine the impact of a disability on a major life function, and the reasonable accommodations that would be appropriate for the student. Appropriate documentation should include:

* Statement of disability, including DSM diagnosis or ICD Code(s), where appropriate;
* Date of onset and date of diagnosis;
* Statement of prognosis (expected duration, stability, or progression of the condition);
* Description of the diagnostic methodology used (the basis on which the diagnosis was made, including measures of aptitude, such as the Wechsler Adult Intelligence Scale-Revised, and/or measures of achievement, such as the Woodcock-Johnson Psycho-educational Battery-Revised), data, and a summary of evaluation results from appropriate instruments of evaluation or testing;
* A written interpretation of the test results (including the specific academic areas affected);
* Name and qualifications of the diagnosing professional;
* Documentation must have been completed in high school or within the last 5 years.
* Statement of the clearly defined current functional impact of the disability on a major life activity (which includes learning) as established by the ADA; current prescribed medications including dosage and any side effects; recommended reasonable accommodations which directly address the ***substantial*** limitations caused by the diagnosed disability, to provide the student with equal access to educational opportunities at the college. CBC cannot modify the essential requirements of a course or program of instruction, or provide accommodations for persons whose impairments do not ***substantially*** limit one or more major life function(s).

**The qualified practitioner/medical professional providing documentation must have firsthand knowledge of the student’s condition. All documentation must be on the diagnostician’s letterhead, and signed and dated by a clearly identified diagnostician on the report**. Reports must also include credentials and contact information for the individual providing the diagnosis.

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# COLUMBIA BASIN COLLEGE

# Office of Disability Services

# Standards for Documentation

(Take to Your Medical Professional)

**Consent for Release of Information to Columbia Basin College**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name)

authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Professional)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency/Organization)

to disclose to the Office of Disability Services of Columbia Basin College, the above requested records or information. The above requested information will be used for educational planning and accommodations. I understand that this authorization for the information described above are protected under confidentiality laws and regulations, and cannot be disclosed without written consent unless the law authorizes or compels Columbia Basin College to do so. I also understand that I can revoke this consent at any time.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Send or fax documentation to:**

Columbia Basin College

Disabilities Services/Resource Center

2600 N. 20th Ave. MS – T7

Pasco, WA 99301

Phone: 509-542-4412

Fax: 509-544-2032