



Academic Enrichment Center
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<http://www.earlham.edu/academic-enrichment-center>

Certification Form for Disability Status and Accommodation

The student named below has applied for disability status and reasonable accommodations from Earlham College. In order to determine eligibility and to provide accommodations, we require current documentation of the student's diagnosis and level of impairment.

Under the Americans with Disabilities Act as Amended (ADAAA, 2008) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations; documentation from a qualified health professional must support the request for accommodations.

The information you provide will be kept confidential as required or permitted by law and become part of the student's educational record held in the Academic Enrichment Center (AEC). Please be aware that disability documentation will be released to the student at her/his request.

You may mail or fax the completed form to AEC using the information above. Please contact us if you have any questions or concerns. Thank you for your assistance.

Part A (Required)

Student's Name: _____

Date of Birth: _____

Today's Date: _____/_____/_____
 Month Day Year

ICD-10-CM Diagnosis (if applicable): _____

Date of Diagnosis: _____

DSM-5 (if applicable): Please include all relevant diagnostic information including subtypes and/or specifiers for diagnostic domains and subgroups (as indicated in the DSM-5) including V/Z codes: psychosocial and environmental stressors.

Focus of Clinical Treatment:	(Please provide all pertinent DSM-5 codes or diagnoses.)
Psychosocial or environmental stressors:	
Medical Conditions:	
Date of above diagnosis:	_____/_____/_____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div>

Please briefly describe the applicable history of presenting symptoms and past functioning, duration of the disorder, and relevant developmental, historical, and familial data.

Please indicate the student's functional limitations in an educational setting because of the diagnosis. To the best of your ability, please compare the person to the general population and indicate the level of limitation.

LIFE ACTIVITY	NO Limitation	MODERATE Limitation	SUBSTANTIAL Limitation	DON'T KNOW
Eating				
Breathing				
Sleeping				
Interacting with others				
Caring for one's self				
Managing internal distractions				
Managing external distractions				
Concentrating				
Memory				
Major bodily functions as listed below _____				

What other specific symptoms are manifesting at this time that might affect the student's academic performance and/or social functioning?

What medication is the student currently taking? How effective is the medication? How might side-effects, if any, affect the student's academic performance?

Part B: Only complete this section if the student requires an accommodation in college housing. Otherwise, skip to Part C.

College Housing

Earlham College is an independent, residential college that aspires to provide the highest-quality undergraduate education in the liberal arts using close interaction between faculty and students.

The College, located in Richmond, Indiana, requires all undergraduate students under the age of twenty-three to live in approved on-campus housing facilities: residence halls and college houses.

All of the eight residence halls feature a wide-range of community spaces balanced with the privacy and security we all want in our home. There are several different types of living spaces to choose from: traditional single, double, and triple rooms as well as hybrid suite-style rooms.

The college house experience offers students the chance to live with a close-knit group of their peers who have shared community and educational goals for the academic year. Each of the twenty college houses holds between five and twelve students at a time.

Please note that the primary reason for college housing is to build community, sleep, and securely store personal items. Numerous campus venues are better suited studying.

State specifically what housing placement you recommend as an accommodation and how this placement will provide access by removing barriers created by the individual's impairment(s).

If the requested placement is not possible, what alternative placement can address the stated needs?

Please provide any additional information that you feel would be helpful to the Disability Housing Team

Part C (Required)

The student's condition is: stable improving worsening cyclically variable.

Prognosis: Poor Guarded Fair Good Excellent

How long do you anticipate the student's educational experience will be impacted by his/her disability?

6 Months 1 Year More than one (1) year

Is there anything else you believe we should know about the student's condition and/or level of impairment?

The information I have submitted is based on professional judgment and is, to the best of my knowledge, accurate and should be taken into consideration when reviewing this student's request. I affirm that this information is not based, in any way, on any personal relationship with the student.

Printed Name: _____ License Type/Classification: _____

License Number: _____ State Issued By (Country, if outside U.S.): _____

Signature: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____