**Student Access Services Guidelines for Documentation Letters**

According to the Americans with Disabilities Act (ADA), a person has a disability if they have a physical or mental impairment that "substantially limits" one or more major life activities. Some people may have a diagnosis, but not face substantial functional limitations.

Documentation for accommodations at WVC should include all the following details:

* **How Disability Was Determined**: What the disability/health condition is and how it was diagnosed (test used, DSM codes, scores, etc.).
* **Current Symptoms and Impact**: How the disability specifically affects the student, beyond general symptom descriptions.
* **Barriers in the Educational Setting**: The barriers present in the educational environment (not just personal barriers).
* **Expected Progression**: Is the condition permanent or temporary?
	+ *Temporary conditions*: Include expected duration and timeline for reevaluation.
	+ *Permanent conditions:* Indicate if it is continuous or episodic. If episodic provide details on triggers, duration of episodes, recovery time, or other relevant information.

**Example template for Letters from a qualified professional**

Students requesting a letter from a qualified healthcare professional may use the example below. This is merely a suggested template. Qualified individuals may wish to provide additional or alternative information.

[Date]

Patient Name:

DOB:

It is my professional opinion that [patient] may benefit from academic accommodations, based on [diagnoses/conditions and corresponding codes, if relevant]. [Patient] has been in my care since [date/duration] and was diagnosed by [diagnosing professional/self-report] on [date] using [criteria]. The prognosis of [disability] is [episodic/continuous, permanent/temporary (if temp: please provide timeline for re-evaluation)] and their symptoms include [list symptoms]. These symptoms impact [Patient] in the following ways: [provide examples of impact for this specific person]. The current plan of care includes [medication, therapy, timeline of care plan, or any other plan of care details].

Sincerely,

[Full Name, Credentials, & License #]

[Contact Information]

[Name/Location of practice]