

PHYSICAL DISABILITY DOCUMENTATION GUIDELINES

Student Information *To be completed by the student*

Name:	Student ID:
Email:	Phone:
	or accommodations related to a physical disability, the on/s in a major life activity. It is also necessary to show
readily observable. Furthermore, the severity and	apparent; but for other conditions the limitations are not permanency of conditions are variable. For these not provide sufficient information to establish a physical
your eligibility for services and need for particular by a professional is required, Disability Support S information you feel is relevant to demonstrating	your need for accommodation. You may wish to provide ducation Plans (IEPs), 504 Plans, medical records,
We recommend you provide a copy of these Physiqualified professional who has most recently evaluensure that everything needed for review is submi	uated/treated you. Please contact the DSS Office to
your documentation has been submitted and revie	to submit to DSS all supporting documentation. After wed, DSS will email your Lion account regarding the ort to respond to your request within 15 business days n.
	es before you share them with the qualified professional DSS Office at (310) 338-4216 if you have any questions.
I have read and understand the information provid	led above.
Signature:	Date:

Physical Disability Documentation Guidelines Licensed Professional Information

To be completed by the Licensed Professional

Name and Title of Licensed Professional:				
License Certification Number (Describe credentials):				
Business Address:				
Telephone Number:				
Signature:	Date:			

To the Licensed Professional: Based on a physical condition, your patient is seeking services through Loyola Marymount University's Disability Support Services (DSS) Office. To be eligible for services this student must establish that they have a physical condition that results in limitation/s in a major life activity. Recommended accommodations should be directly related to those limitations with an explanation of how the accommodations have helped compensate for the limitations or why they are needed now.

The limitations associated with some physical conditions are apparent, but there are many conditions that are not obvious, and disorders can manifest in different ways depending on the patient. Furthermore, physical conditions may or may not be permanent, and the nature and severity of symptoms and limitations can change over time. For these reasons, it is important that the information that you provide addresses this student's current condition and how it may impact their studies and life on campus.

Your input can be very helpful, and we strongly encourage you to attach a report that fully addresses the student's presenting limitations and need for accommodation based on a physical condition. Diagnosis alone, prescription notes, and brief letters generally do not provide enough information to establish a disability or to plan for educational accommodation.

To assist this student, we ask that you respond to each of the six points below in a typed narrative report, signed and on letterhead. Complete documentation will enable the University to provide appropriate accommodation to the student in a timely manner.

- 1. A medical history and diagnosis that includes the age of onset of the physical condition.
- 2. The time frame in which you have treated this patient, including the most recent evaluation or treatment. Detail the nature, frequency, and severity of symptoms present at your last visit and how major life activities are limited. Specific, objective information beyond the patient's self-report is most helpful.
- 3. Current medication/s including dosage, side effects, and compliance.
- 4. Other current therapeutic interventions, assistive devices, and compliance.
- 5. The prognosis, which includes likelihood for improvement or deterioration and in what approximate time frame.

6. If accommodations are needed, please make specific recommendations. Each recommendation	
should be related to this student's limitation.	
Γhank you for your time in helping this student. Additionally, please feel free to add any verifying documentation from your files. If you have questions, please call the DSS Office at (310) 338-4216.	