G. The following should be addressed:
1. How the medical condition affects the patient in an academic setting.
   This would include any necessary academic accommodations required as a direct result of the disability.
2. How these academic accommodations would mitigate the effects of the disability.
H. If the requested accommodation is not clearly identified in the diagnostic report, the ODS will seek clarification.
I. The ODS will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the student. If the student is not satisfied with the determination, an appeal can be made through the PHSC’s Director of Disabilities Services within 180 days.

VI. An Interpretative Summary Must Be Provided
A. A diagnostic summary based on a comprehensive evaluative process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context.
B. To properly document a need for accommodations under ADA for individuals with medical conditions, clinicians should consider certain key issues. These issues involve establishing the credibility of the diagnosis, the severity of the impairment, and the suitability of the accommodations for the tasks at hand.

VII. Documentation of a Temporary Disability
A disability that interferes with a student’s ability to participate in programs, services, and activities for an extended period of time, will be treated on an individual basis and the policy for disability documentation will apply. However, the documentation provided must be current in order to support the need for accommodation.

VIII. Confidentiality
PHSC will adhere to its confidentiality policies regarding its responsibility to maintain confidentiality of the evaluation and will not release any part of the documentation without the student’s informed consent or under compulsion of legal process.
student’s best interest to provide recent and appropriate documentation. B. It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodations does not, in and of itself, warrant the provision of a similar accommodation. C. Due to the nature of this type of disability, the appropriate time period varies. If documentation is inadequate in scope or content, or does not address the individual’s current level of functioning and need for accommodations, reevaluation may be required.

III. Documentation Necessary to Substantiate the Diagnosis Must Be Comprehensive
A. To properly document a need for accommodations under ADA for individuals with medical conditions, clinicians should use the appropriate medical testing. B. The data must logically reflect a substantial limitation to learning for which the student is requesting accommodation. C. The particular profile of the student’s strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. D. The testing instruments must be reliable, valid, and standardized for use with an adolescent/adult population. E. Informal inventories, surveys, self reports, and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis. F. If the medical condition manifest itself in symptoms involving cognitive recall, the appropriate testing, as well as qualified professional conducting the evaluation, would involve the criteria for a learning disability.

IV. Documentation Must Include a Specific Diagnosis
A. The report must include a specific diagnosis of the disability. The diagnostician should use direct language in the diagnosis of the disability, avoiding such terms as “suggest” or “is indicative of”. B. The following should be addressed:
1. Date and method of diagnosis, including any test results and analysis, as well as, current medical treatment C. Categories of disabilities as outlined by the state include:
1. Hearing Impairment: A hearing loss of 30 decibels or greater, pure tone average of 500, 1000, 2000 Hz, ANSI, unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, high or low tone hearing loss or deafness, and acoustic trauma hearing loss or deafness. 2. Physical Impairment: Musculoskeletal and connective tissue disorders, neuromuscular disorders, and physically disabling conditions that may require adaptation to one’s school environment or curriculum. Examples include but are not limited to cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand and arm, cardiovascular aneurysm, head injury and spinal cord injury, arthritis and poliomyelitis, multiple sclerosis, Parkinson’s disease, congenital malformation of brain cellular tissue, and physical disorders pertaining to muscles and nerves, usually as a result of disease or birth defect, including but not limited to muscular dystrophy and congenital muscle disorders. 3. Speech Disability: Disorders of language, articulation, fluency or voice that interfere with communication, pre-academic or academic learning, vocational training, or social adjustment. Examples include, but are not limited to cleft lip and or palate with speech impairment, stammering, stuttering, laryngectomy and aphasia. 4. Visual Impairment: Disorders in the structure and function of the eye as manifested by at least one of the following: (a) visual acuity of 20/70 or less in the better eye after the best possible correction; (b) a peripheral field so constricted that it affects one’s ability to function in an educational setting; or (c) a progressive loss of vision that may affect one’s ability to function in an academic setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus. 5. Other disabilities: Not limited to the conditions including certain cardiovascular and circulatory conditions, blood serum disorders, epilepsy, and respiratory disorders

V. Each Accommodation Recommended by the Evaluator Must Include a Rationale
A. The evaluator must describe the impact of the diagnosed disability on a specific major life activity as well as the degree of impact on the individual. The diagnostic report must include specific recommendations for accommodations that the post-secondary institution can reasonably provide. B. A detailed explanation as to why each accommodation is recommended must be provided and should be correlated with specific functional limitations determined through interview, observation, and/or testing. C. A school plan such as an Individualized Education Program (IEP) or a 504 plan is insufficient documentation in and of itself but can be included as part of a more comprehensive evaluative report. D. If possible, the criteria for placement in a specialized program should be included. E. The documentation must include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used, and whether or not they benefited the individual. F. If no prior accommodations were provided, the evaluator must include an explanation of why no accommodations were needed in the past and why accommodations are needed at this time.