



Caltech Accessibility Services for Students  
Center for Student Services  
Phone: 626.395.6352 (undergraduates)/626.395.6346 (graduate students)  
Email: [cass@caltech.edu](mailto:cass@caltech.edu)

## Documentation for Academic Accommodations

In order to provide auxiliary aids and services and evaluate requests for academic accommodations (accommodations), Caltech requires documentation of physical and mental disabilities.

State and Federal Law provide that individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual meets the requirements under the law, documentation must not only indicate that a specific disability exists but also that any functional limitations caused by the disability either significantly limit one or more major life activities or prevent the normal exercise of bodily or mental functions. A diagnosis of a disability in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for academic accommodations.

This document requests information necessary to establish the existence and impact of a student's disability on an individual's academic performance and/or ability to access Caltech programs, services and activities. It will be used to validate and assess the need for accommodations. In instances where there are multiple diagnoses, including learning disabilities and/or ADHD, evaluators should consult the CASS website for documentation requirements for those disabilities. Recommended tools for supplementing the clinical interview and supporting the presence of functional limitations include, but are not limited to, the following reliable and valid assessment tools: Weschler Adult Intelligence Scale IV, Woodcock-Johnson III Tests of Cognitive Ability/Tests of Achievement, Minnesota Multiphasic Personality Inventory, Personality Assessment Inventory (PAI), Beck Depression Inventory, Beck Anxiety Inventory, Yale-Brown Obsessive Compulsive Scale.

Medical information you provide will be held confidential and confidentiality will be maintained consistent with legal requirements. In addition to the requested information, please attach any other information you think would be relevant to the student's academic accommodation. Please contact us if you have questions or concerns. Thank you for your assistance.

Student's Name: \_\_\_\_\_ Caltech Class: \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Date Student was Last Seen/Name of Professional: \_\_\_\_\_

Please provide responses to the following questions:

1. Please provide a brief summary of the diagnostic interview(s). This should include the chief complaint, educational and medical history, history of presenting symptoms and past functioning, duration and severity of the disability, current functioning, and relevant, developmental, historical and familial data.

2. How did you arrive at your diagnosis? Please check all relevant items below, **adding brief notes that you think might be helpful to us as we determine which academic accommodations are appropriate for the student.**

- Structured or unstructured interviews with the student himself or herself
- Interviews with other persons.
- Behavioral observations.
- Neuro-psychological testing. List names/dates of tests administered. Attach documentation.
- Psycho-educational testing. List names/dates of tests administered. Attach documentation.
- Standardized or un-standardized rating scales. List names/dates of tests administered. Attach documentation.
- Other (Please specify).

3. Please describe the current functional limitations imposed by student’s disability on the following life activities, indicate whether the impact is substantial and provide the predicted impact on academic performance and/or engagement in programs or activities.

LIFE ACTIVITY	SUBSTANTIAL IMPACT	FUNCTIONAL LIMITATIONS	IMPACT ON ACADEMIC PERFORMANCE OR ENGAGEMENTS IN PROGRAMS OR ACTIVITIES
Concentrating			
Cognitive Processing			
Memory			
Processing speed			
Meeting deadlines			
Attending class regularly			
Organization & time management			
Stress management			
Reasoning			
Communicating			
Sleeping			
Eating			
Social interactions			
Other:			
Other:			

4. What are the major symptoms of the disability currently manifested by the student, including level of severity?

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5. If medications are prescribed, indicate ho any side-effects might affect the student's academic performance?

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6. What is the current prognosis? Please give a description of the expected remission, progression or stability of impact of the condition over time.

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7. Is there anything else you think we should know about the student's disability?

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8. Optional: Please identify any suggested academic accommodations with accompanying rationale. A link must be established between the suggested accommodations and the functional limitations of the individual that are pertinent to academic and residential settings. This information is essential for Caltech to evaluate requests for academic accommodations.

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**CERTIFYING PROFESSIONAL \***

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

Signature: \_\_\_\_\_

License: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\* The certifying professional must have expertise in the diagnosis of the documented disability or condition and follow established practices in the field.