Xavier University of Louisiana
Office of Disability Services

PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY
Documentation Request Form

This form must contain all the requested information and be typed or printed in order to apply for accommodations through the Office of Disability Services (ODS).

Student’s Name: ___________________________________________ Today’s Date ____________________

Date of Birth: __________________ Phone # _________________________ XU ID# ______________________

Address: _____________________________________ City __________________ State ________ Zip ________

I hereby understand and authorize the appropriate qualified professional to release to Xavier University of Louisiana’s Office of Disability Services any pertinent information from my records related to the request below. Accommodations will be considered once all current documentation has been submitted.

Signature of Student __________________________________ Date __________________

TO BE COMPLETED BY AN APPROPRIATE QUALIFIED PROFESSIONAL

This student is requesting service, academic adjustment, and/or other accommodation(s) from the Office of Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate services, University Policy requires that an appropriate Qualified Professional provide current and comprehensive documentation. A qualified professional includes a licensed medical doctor, or other qualified health professional who is not a family member or family friend of the student. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL’S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.

The documentation provided must include information that diagnoses a physical or systemic (medical) disability, describes the functional limitations in an educational setting, and indicates the severity and longevity of the physical or systemic (medical) disability for the purpose of determining academic adjustment(s) or other accommodation(s) and lists current medication along with any current side-effects which may impact academic performance.

If it is a visual disability, the documentation must include the student’s visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.

To facilitate the gathering of such critical information, please respond to the following and return to XAVIER UNIVERSITY OF LOUISIANA, Office of Disability Services.

1. Diagnosis (as diagnosed by the DSM-5) _____________________________ Temporary or Permanent?

2. Date of Diagnosis: _______________ Date of Last Contact with Student: _______________

3. Provide a summary of the student’s educational, medical, and family history that relates to the physical or systemic (medical) disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(OVER)
4. Describe the student’s functional limitations in an educational setting:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. List current medication along with any current side-effects which may impact academic performance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate services, academic adjustments, or other accommodations to equalize the student’s educational opportunities at XAVIER UNIVERSITY OF LOUISIANA as justified based on the functional limitations indicated above.

Please check all that apply:

[ ] Extended time (1.5x)  [ ] Housing Accommodations (explain below)  [ ] No scantron
[ ] Distraction-reduced environment  [ ] Meal Plan Accommodations (explain below)  [ ] Audio Books
[ ] Alternative test format  [ ] Enlarged text (font size _____)
[ ] Other

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Qualified Professional’s Signature: ____________________________ Date ________________

Printed Name & Title: ________________________________________

Daytime Telephone Number: ___________________________

Address: ____________________________ City ____________________________ State ________ Zip ______

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

Please return this form directly to:
Xavier University of Louisiana
Counseling and Wellness Center
Office of Disability Services
1 Drexel Drive Box D
New Orleans, LA 70125
Phone: (504) 520-7315
Fax: (504) 520-7943

A Business Card
Must Be Attached Here