



## DOCUMENTATION GUIDELINES FOR STUDENTS WITH A CONCUSSION/TRAUMATIC BRAIN INJURY

University of Vermont students who seek accommodations based on their disability are responsible for completing an online [Getting Started with SAS Form \(https://myaccess.uvm.edu/ClockWork/user/intake/default.aspx\)](https://myaccess.uvm.edu/ClockWork/user/intake/default.aspx) and for providing appropriate supporting documentation. A student who seeks academic accommodations, on the basis of a disability, is responsible for obtaining the needed evaluation and resulting documentation, and for initiating contact with the Student Accessibility Services (SAS). The University of Vermont approaches requests for accommodations with the belief that each student's circumstance is unique and that a flexible approach is the right way to determine appropriate accommodations.

By itself, a medical diagnosis does not establish a need or an entitlement to accommodations under Section 504 of the Rehabilitation Act or the Americans with Disabilities Act as Amended (ADA-AA). Another way of saying this is that having any disorder or condition does not, by itself, lead to any conclusion under Section 504 or the ADA. Therefore, the documentation required by University of Vermont extends beyond the medical diagnosis and encompasses the four key elements of a person's disability status under Section 504 and the ADA. Those key elements are that:

- the student has a physical or mental impairment
- the impairment limits the student's participation in a major life activity\*
- the degree of limitation is substantial and
- there is something that the college can do that would be reasonable, needed, and predictably effective in responding to the impairment.

Documentation that substantiates each of these four areas serves as a foundation that legitimizes a student's request for appropriate accommodations. If a student seeks accommodations, on the basis of more than one disability, then more than one professional may need to be involved in developing the diagnoses and other documentation.

SAS will review the documentation and collaborate with the student to determine reasonable and appropriate academic accommodations. Students will be contacted and encouraged to schedule a conversation with the SAS as soon as possible after submitting documentation.

The accommodations afforded to each student will be determined on an individual basis and will be based on the documentation provided.

*The Disability Documentation Form, list examples of a "major life activity" as defined under the ADA Amendments Act of 2008. According to the ADA, "A major life activity also includes the operating of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions."*

Student Accessibility Services (SAS) provides academic accommodations and services to students with Concussion/Mild Traumatic Brain Injury (mTBI). Students seeking accommodations must provide appropriate documentation of their disability so that SAS can determine the student's eligibility for accommodations and academic accommodations. Concussion/mTBI is accommodated as a temporary disability based on your assessment of severity, duration and prognosis of the current condition.

SAS requests the following current documentation from a qualified professional with experience and expertise in the area related to the student's disability:

Documentation should include:

- A current written report not older than 6 months including all relevant symptoms, diagnosis and time course of condition. Documentation should also note the status of the individual's impairment (remitting, static or progressive)
- Written summary of assessment procedures that were used to make the diagnosis, evaluation results, and history of condition
- Detailed statement of the *current* impact on the student's functioning and description of how current functional limitations will present in an academic environment.
- Specific recommendations for accommodations based on objective findings of functional limitations
- If relevant, a current cognitive and/or neuropsychological evaluation may be submitted
- The diagnostic report must include the *name and title, and license number* of the evaluator.
- A complete Disability Verification Form (please do not write "see attached")

Further assessment by an appropriate professional may be required if co-existing psychological, medical, physical or learning disabilities are indicated. All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated and signed and include the name, title, and professional credentials of the evaluator, including information about license or certification. SAS will make the determination regarding whether accommodations are reasonable in the University environment.

All documentation is considered confidential and can be mailed or faxed to:

Student Accessibility Services, UVM, 633 Main Street, A170 Living/Learning, Burlington, VT 05405

Phone: 802-656-7753

Fax: 802-656-0739

[access@uvm.edu](mailto:access@uvm.edu)

[www.uvm.edu/access](http://www.uvm.edu/access)

This form is intended to assist your client in meeting the documentation requirements for requesting academic accommodations on the basis of a Concussion/Mild Traumatic Brain Injury (mTBI) at the University of Vermont. Please fill out all of the questions on the below form, even if the material has been included in your full evaluation and/or clinical summary. The documentation must describe a disabling condition, which is defined by the presence of significant limitations in one or more major life activities.

This documentation should provide information regarding the severity, duration and prognosis, of symptoms, as well as the specifics describing how it has interfered with educational achievement. Please include a copy of all assessments used in making diagnosis.

*Most students with Concussion/mTBI will be accommodated as students with temporary disabilities. Accommodations are based on an individualized determination of need. Therefore your thoughtful assessment of the most important symptoms and domains of impairment will be the most useful in determining how to best serve your patient.*

All information will be kept confidential. Please feel free to contact SAS at (802) 656-7753 with any questions.

For the student to complete:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: (please print) \_\_\_\_\_ NET ID: \_\_\_\_\_

For the current diagnostician or treating healthcare provider to complete:

1. Diagnosis: Please list all relevant diagnoses and ICD Code:

- a. Date(s) of Injury: \_\_\_\_\_
- b. Date of Assessment: \_\_\_\_\_
- c. Date of last clinical contact with student: \_\_\_\_\_

2. Evaluation

a. How did you arrive at this diagnosis?

- Medical evaluation
- Structured or unstructured interviews with student.  Interviews with other persons (i.e. parent, teacher, coach).  Behavioral observations.  Diagnostic Imaging (CT, EEG, MRI, other)
- Neuropsychological or cognitive testing. Attach documentation.  Psychological testing. Attach documentation.  Other exam: Specify

b. Current Symptom Checklist. Please indicate all relevant symptoms and rate current severity:

	0	1	2	3
Current Symptom	None	Mild	Moderate	Severe
Photosensitivity				
Cognitive Fatigue				
Visual Fatigue				
Attention/Concentration				
Memory and Learning (encoding and retention of new information)				
Memory (recall/retrieval)				
Neurobehavioral Symptoms (impulse control/ irritability/mood)				
Noise Sensitivity				
Physical Symptoms (headache, nausea, dizziness)				
Problem Solving				
Rate of Information Processing				
Motor or Sensory Symptoms				
Other				

c. Overall Severity **of symptoms:**

\_\_\_ Mild     \_\_\_ Moderate     \_\_\_ Severe

a. Prognosis of disorder:

\_\_\_ Excellent     \_\_\_ Good/Fair     \_\_\_ Poor

**d.** Duration of disorder

\_\_\_ 1-3 months     \_\_\_ 3-6 months     \_\_\_ 6-12 months

\_\_\_ > 12 months -long term

**f.** Current treatment plan:

o Medication management:

Current medications: \_\_\_\_\_

Side effects if present: \_\_\_\_\_

o Physical/Occupational/Speech/Cognitive therapy

Frequency: \_\_\_\_\_

o Other (please describe): \_\_\_\_\_

3. Functional Limitation Checklist:

Please indicate all that apply and rate severity below:.

	0 No impairment	1 Mild impairment	2 Moderate impairment	3 Severe impairment
Functional Impairment				
Reading/Studying				
Organization				
Test taking				
Computer use				
Attendance				
Papers/Projects				
In Class Presentations/ Participation				
Other (e.g. labs, group work, field trips)				

a. Please describe in detail any functional limitations that fall into the *very significant range*.

c. Special considerations, e.g. physical or motor symptoms, medication side effects:

4. Coexisting Conditions

Please provide details about any coexisting psychiatric or medical conditions.

Please include all relevant reports.

5. Accommodation Recommendation Checklist: Please select recommended accommodations based on your assessment of the student's current clinical symptoms and related functional impairments. *Please note that selecting all will not be helpful in determining the best plan for your patient.*

Suggested Accommodations:	Rationale:
Attendance flexibility	
Reschedule exams	
Extensions for projects or papers	

Physical Rest	
Cognitive rest: please define scope	
Brief Breaks During exams	
Part Time Status/taking fewer classes	
Lower Lightening During exams	
Assistive Technology	
Note Taker	
Other:	
Comments:	

6. (Optional) Please provide any additional information you feel will be useful in determining the nature and severity of the student's disability, and any additional recommendations that may assist in determining appropriate accommodations and interventions:

Thank you for your help in providing this information so that we may begin services as soon as possible. Please complete the provider information below. This form should be signed and returned to SAS at the address shown at the end of this document.

PLEASE NOTE: To provide documentation of a TBI the diagnosing professional must be a physician, neurologist or other medical specialist with experience and expertise in the area related to the student's disability should make the diagnosis.

Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

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

Print Name and Title: \_\_\_\_\_

State of License: License Number: \_\_\_\_\_

Street or P.O. Box, City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Phone:

Fax:

Please return this signed form to:

Student Accessibility Services

633 Main Street –

A170 Living Learning

Burlington, VT 05405

Phone: 802-656-7753

Fax: 802-656-0739