

## **DISABILITY DOCUMENTATION GUIDELINES**

All documentation/letters must be current, on official letterhead, typed, with signature and date. The following information about the evaluator should be clearly stated in the documentation: Name, Title, Professional Credentials, Licensing Number, and information about the license or certification (e.g., licensed psychologist), as well as the area of specialization, employment and state/province in which the individual practices. **Note:** *This requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.* This documentation includes a description of the functional limitations resulting from the disability or disabilities. This may include treatments, medications, and/or assistive devices/services currently prescribed or in use. Significant side effects that may impact physical, perceptual, behavioral or cognitive performance should also be noted. In very limited situations, Wesley Theological Seminary may provide highly specialized support when presented with detailed suggestions and/or supported by a professional diagnosis.

### **Criteria for Accommodating a Learning Disability**

- Provide record of a psycho educational or neuropsychological evaluation.
- The documentation of a Learning Disability should be the evaluation used to obtain accommodations in college.
- A qualified, licensed professional must conduct the evaluation. Qualified professionals generally include a clinical or educational psychologist, neuropsychologist, and a certified learning disabilities specialist.
- Any recommended accommodations by the evaluator(s) should include the rationale as to why each accommodation is needed and must be backed-up by informed opinion.

### **Criteria for Accommodating a Psychological Disorder**

- A statement of the diagnosis/es, from the Diagnostic and Statistical Manual of Mental Disorders (DSM)<sup>1</sup> or International Classification of Diseases (ICD)<sup>2</sup>, including pertinent history.
- Documentation should typically be less than three years old. Updated documentation may periodically be requested to determine current functioning, specifying present symptoms and fluctuating conditions/symptoms resulting in functional limitations.
- If indicated, information about medications and possible side effects that would warrant requested accommodation(s)
- A narrative summary of the current level of functioning,
- Suggestions of reasonable accommodations supported by the diagnosis.

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<sup>1</sup> DSM is the standard classification of mental disorders used by mental health professionals in the United States. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations.

<http://www.psych.org/practice/dsm>

<sup>2</sup> ICD is the standard diagnostic tool for epidemiology, health management and clinical purposes.

<http://www.who.int/classifications/icd/en/>

## **Criteria for Accommodating a Physical Disability**

- An assessment confirming the diagnosis of a physical disability that limits a person's physical functioning, mobility, dexterity or stamina. Some examples of physical disabilities include hearing impairment, visual impairment, respiratory disorders, and/or epilepsy.
- Documentation should be less than three years old. In cases where the hearing loss or visual impairment is static (unchanging), an older assessment may be presented with a note from a physician confirming that there have been no changes in functioning since the last assessment. If the hearing or vision loss is progressive, updated documentation may periodically be requested.
- Suggestions by the physician of reasonable accommodations supported by the diagnosis are recommended.
- A summary of the current level of functioning, specifying areas of functional limitation.
- A summary of the assessment procedures used to come to the diagnosis.

## **Criteria for Accommodating Other Medical Conditions**

- In general, a diagnosis of a medical condition, including prognosis by a licensed physician is required. If no specific diagnosis has been made, documentation must demonstrate that present medical symptoms substantially limit one or more major life activities.
- Documentation should be less than three years old. In cases where the impairment is static (unchanging), an older assessment may be presented with a note from a physician confirming that there have been no changes in functioning since the last assessment. If functioning is expected to change during the student's enrollment, updated documentation may periodically be requested.
- A summary of the current level of functioning, specifying areas of functional limitation.
- A summary of the assessment procedures used to come to the diagnosis.
- Suggestions by the physician of reasonable accommodations supported by the diagnosis are recommended.



**WESLEY THEOLOGICAL SEMINARY**  
 OFFICE OF COMMUNITY LIFE  
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 202-885-8694 • FAX 202-885-8605

**Student Request Form for  
 DISABILITY ACCOMMODATIONS**

Name: \_\_\_\_\_ Degree Program: \_\_\_\_\_  
 Wesley ID Number: \_\_\_\_\_ Wesley Email Address: \_\_\_\_\_  
 Prior Institution and Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

The seminary requires that this form and appropriate documentation of a learning, medical, physical and/or psychological disability be submitted four weeks prior to receiving approved accommodations. Students should meet with their professors early in the semester to discuss possible accommodations once the Associate Dean's Office has verified the student's disability. Students receiving accommodations should schedule an appointment with the Associate Dean for Community Life after their first 30 hours of coursework to discuss the student's progress and accommodations. Information contained within the student's file will be kept confidential and will be used by Wesley Theological Seminary only in the effort to identify student needs and reasonable accommodations.

Any additional documentation by supporting parties (e.g. doctors) should be attached to this form. (*See Guidelines*)

1. Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> AD/HD                | <input type="checkbox"/> Speech Impairment                        |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Visual Impairment (Blind/ Partial Sight) |
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Other, please specify: _____             |
| <input type="checkbox"/> Medical              | _____   |
| <input type="checkbox"/> Mobility             | _____   |
| <input type="checkbox"/> Psychological        |   |

2. Please describe any approved accommodations or support services and/or devices you have used in previous academic and/or residential settings:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. As a result of your disability, have you experienced difficulty in any of the following academic areas? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Auditory Processing                                       | <input type="checkbox"/> Spelling              |
| <input type="checkbox"/> Executive Functions (time management, organization, etc.) | <input type="checkbox"/> Study Skills          |
| <input type="checkbox"/> Memory  | <input type="checkbox"/> Test taking           |
| <input type="checkbox"/> Note taking   | <input type="checkbox"/> Writing               |
| <input type="checkbox"/> Reading   | <input type="checkbox"/> Other (specify) _____ |
- \_\_\_\_\_

4. Is there anything else you would like to share about the impact of your disability on learning?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I certify that the above statements are correct and I authorize the Office of Community Life at Wesley Theological Seminary to discuss my need for accommodations with relevant faculty and staff (professionals) who are used to formulate my accommodation(s).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please retain a copy of this form for your records. To submit your completed form to Office of Community Life, you may:

1. Email it as an attachment with your name in the subject line to [communitylife@wesleyseminary.edu](mailto:communitylife@wesleyseminary.edu), OR
2. Drop off in the Office of Community Life, Trott 105
3. Print and mail it to this address below:

*Office of Community Life,  
Wesley Theological Seminary,  
4500 Massachusetts Ave NW.  
Washington DC 20016*