|  |  |  |
| --- | --- | --- |
| Attention Deficit/Hyperactivity Disorder (ADD/ADHD) | | |
| Evaluation and documentation must be:   * Not more than three years old | Signed by:   * Medical doctor or nurse practitioner or physician’s assistant or psychiatrist or psychologist\* | Must include **ALL** of the below:   * Clear statement of diagnosis * Current impact and functional limitations, with treatment (if receiving), including in an academic setting * All related diagnostic tests or reports |
| Autism Spectrum Disorder (ASD) | | |
| Documentation must be:   * An earlier diagnosis can be used, but discussion of current impact must be within last five years | Signed by:   * Clinical psychologist or neuropsychologist or psychiatrist\* | Must include **ALL** of the below:   * Clear statement of diagnosis * Complete neurological report * Summary of cognitive and achievement measures * Specific cognitive strength, weaknesses, and deficits * Social-emotional factors * Current impact and functional limitations, including in an academic setting |
| Blind/ Visual Impairment | | |
| Documentation must be:   * Within last five years or since age 18 | Signed by:   * Optometrist or ophthalmologist\* | Must include **ALL** of the below:   * Clear statement of diagnosis * Visual acuity report * Severity of vision loss * Current impact and functional limitations, including in academic setting * Assistive devises, services, or treatment prescribed or in use * Expected progression or stability of vision |
| Deaf/ Hearing Impairment | | |
| Documentation must be:   * Within last five years or since age 18 | Signed by:   * Otologist or audiologist\* | Must include **ALL** of the below:   * Clear statement of diagnosis * Audiology report * Severity of hearing loss * Current impact and functional limitations, including in academic setting * Assistive devises, services, or treatment prescribed or in use * Expected progression or stability of vision |
| Learning Disability | | |
| Evaluation and documentation must be:   * Within last five years or since age 18 | Signed by:   * School psychologist or neuropsychologist or psychologist\* | Must include **ALL** of the below:   * Specific areas of learning disability, degree, and severity * All medically relevant tests, including standardized achievement/aptitude scores (e.g., Woodcock-Johnson, WAIS-R) and subtests used to determine diagnosis * Present level of functioning including processing, intelligence, and achievement * Current impact and functional limitations, including in an academic setting |
| Physical Disability | | |
| Documentation must be:   * Within last five years | Signed by:   * Medical doctor or nurse practitioner or physician’s assistant\* | Must include **ALL** of the below:   * Clear statement of diagnosis * Current impact and functional limitations, with treatment (if receiving), including in an academic setting * Expected progression or stability of condition |
| Psychological/Emotional | | |
| Evaluation and documentation must be:   * Within last year | Signed by:   * Licensed mental health professional or medical doctor or psychiatrist or psychologist\* | Must include **ALL** of the below:   * Clear statement of diagnosis * Severity * Current impact and functional limitations, with treatment (if receiving), including in an academic setting * Prognosis |

\*If you are unsure whether your provider is qualified to provide the medical documentation required, please contact Services for Students with Disabilities- [ssd@pencol.edu](mailto:ssd@pencol.edu) (360)417-6373