

Disability Disclosure Form

Dear Healthcare Professional:

Your patient/client, _____, wishes to register with Disability Services at UMass Amherst. Disability Services provides services and accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 (“Section 504”) and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. Section 504 and the ADA similarly state that a person may qualify to receive services and accommodations if they have “a physical or mental impairment which substantially limits one or more major life activities” or a record of such impairment.¹

For a student to be considered eligible to receive academic, housing², and other accommodations, the student must disclose the nature of their impairment and provide recent documentation that verifies their condition. Documentation must reflect the nature of the disability and the individual's need for the requested modification, accommodation, or auxiliary aid or service. Accommodations recommended within the documentation will be considered to help guide our interactive process; **a specific recommendation from a healthcare professional does not guarantee approval for those accommodations.**

When providing information necessary to evaluate eligibility for accommodations, please adhere to the following:

- The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These professionals are generally trained, certified, or licensed psychologists or members of a medical specialty.
- Complete the following form as thoroughly as possible. This form should be completed by typing information to make it more accessible to our staff members.
- The healthcare professional is encouraged to attach any reports that provide related information (e.g. psycho-educational testing, neuropsychological test results, medical evaluation results, etc.). Documentation guidelines can be found at <https://www.umass.edu/disability/resources/documentation-eligibility>. Do not provide case notes or rating scales without a narrative that explains the results.
- After completing the form, electronically sign it and complete the Healthcare Provider Information section on the last page. The completed form can be emailed to notify@umass.edu. It can also be returned to the student for them to upload directly to our student portal.
- Information provided will not become part of a student’s educational records, but it will be kept in the student’s file within Disability Services where it will be held strictly confidential. This form may be released to the student upon request. In addition to the requested information, please include any additional information that would be relevant to the student’s access needs.

¹ Having a diagnosis, in and of itself, does not guarantee the student accommodations under ADA laws. Accommodations are assigned on a case-by-case basis to provide equal access to educational opportunities and campus activities, without making fundamental alterations to course expectations or requirements.

² We evaluate all requests for need-based (e.g., disability-related) housing assignments carefully using an interactive, multi-sourced approach. The learning environment and residential living are central to the UMass experience, particularly for first-year students who are required to live in our residence halls. Living within the community and learning to share space and be considerate of others is part of that learning experience. On-campus housing has primarily residence halls with shared group bathroom facilities. Most rooms also require one or more roommate which is part of the residential experience.

Student Information
To be completed by student
Please type or print legibly.

Student Name (Last, First, Middle):

Student ID #:

Status: Undergraduate Graduate **UMass Email:**

Phone:

I hereby authorize the provider to complete this form and release it to UMass Disability Services.

I also authorize my provider to speak with the staff of Disability Services to provide consultation concerning the request for accommodations if additional information is needed.

To be completed by Healthcare Professional

1. Impairment/Diagnosis(es):

2. Please provide DSM or ICD-9 code:

3. Initial date of diagnosis:

4. Last date of clinical contact:

5. How frequently do you meet with this student:

Weekly Bi-weekly Monthly Yearly Other (please specify):

6. What is the frequency of the student's symptoms:

Ongoing Episodic Temporary impairment (specify re-evaluation date):

For episodic, please indicate frequency of the episodes/flare-ups:

Daily 1x/ week 1-3x/week 1x/month 1-3x/year Seasonal

None – symptoms under control with medication Other:

7. How was the impairment/diagnosis determined (check any that apply)?

- Structured/unstructured interview with the student
- Interviews with other persons
- Behavioral observations
- Developmental history
- Educational history
- Medical history
- Neuropsychological testing: Date(s) of most recent testing:
- Psychoeducational testing: Date(s) of most recent testing:
- Standardized or non-standardized rating scales
- Other (please specify):

8. Medication Prescribed? Yes No

a. If yes, please list. Include any medication side-effects:

b. Do limitations/symptoms persist even with medications? Yes No

9. Please use an "X" to indicate major life activities that are affected because of the impairment and the extent of those limitations. Any activities that are not relevant can be left blank.

This list is not exhaustive & additional life activities can be added at the bottom of this chart.

Life Activity	Negligible/ Mild	Moderate	Substantial	Don't Know	No impairment
Breathing					
Concentrating					
Eating					
Emotional Processing					
Hearing					
Keeping Appointments					
Learning					
Lifting					
Managing external distractions					
Managing internal distractions					
Manual tasks					
Math calculations					
Memory					
Organization					
Reading					

Life Activity	Negligible/ Mild	Moderate	Substantial	Don't Know	No impairment
Regular attendance					
Seeing					
Self-care/ ADLs					
Sitting					
Sleeping					
Social interactions					
Speaking					
Stamina					
Stress management					
Studying					
Taking notes					
Taking tests					
Thinking/ processing					
Walking					
Writing					
Other (please specify):					

10. Specifically describe the symptoms the student experiences, and to what extent the impairment impacts the student's ability to function in a college environment (academically or in the residential setting), addressing any items endorsed in the table above:

11. Please indicate any recommendations regarding accommodations for this student and a rationale as to why the accommodation is necessary to provide equal access:

12. Additional information (optional):

13. Signature, profession, and contact information:

I understand that the information provided will become part of the student's confidential record, subject to Federal Family Education Privacy Rights and Privacy Act of 1974 and may be released to the student upon their written request.

Healthcare professional signature:
Healthcare professional name (print):
Title:
License or Certification #:
Address:

Date:

Phone:
Email address:

Fax:



Note to students and providers:

After the student has registered with Disability Services and provided documentation, the student will be invited to meet with Disability Service staff member to gather a self-report.

Accommodations are determined through a multi-sourced approach, using student self-report and healthcare professional documentation to establish one or more areas of substantial limitation which require reasonable accommodation that are necessary to ensure equal access. Accommodations listed within the documentation will be considered as recommendations to help guide our interactive process; a specific recommendation from a healthcare professional does not guarantee approval for those accommodations. All requests are processed by a Review Committee consisting of members of Disability Services staff.

The student will be notified of their eligibility after the request has been processed by the Review Committee. Please expect that it may take around 7-14 business days to complete this process, and not all accommodations are able to take effect immediately upon approval (ex., housing changes mid-semester may take weeks to find a new placement).

Disability Services cannot provide fundamental alterations to course expectations and requirements; under ADA/504 laws, students will be accommodated to provide equal access, while being held accountable for the same educational standards and expectations as their peers. Accommodations are not designed to guarantee success. An example of a fundamental alteration is a request for a fully in-person lab course to be adapted to a remote learning model.