



# WPI

Office of  
Disability Services

## Documentation Guidelines for Students with Chronic Illness/Medical Disabilities

### Professional Qualifications of the Evaluator

- The physician's license number certifying his or her status as a practicing medical doctor (M.D.) or doctor of osteopathy (D.O.) and any additional information about specialty credentials should be contained in the report.
- **All documentation reports must be typewritten and signed on professional letterhead bearing the physician's address, phone, and clinical affiliation.**

### Diagnostic and Treatment Information

- The report should describe the type and severity of the individual's symptoms at the time of first diagnosis, and state the approximate date of onset. It should describe the subsequent progress and treatment of the condition.
- The report should contain a description and severity of the individual's current symptoms.
- The report should detail any currently prescribed or recommended treatment, care, or assistive devices. Examples include medical treatment, physical therapy or other therapies, dietary requirements, mobility devices or other assistive devices, and full or part-time attendant care.

### Current Impact of the Disability

- The report should describe the manner and level of severity with which the disability currently impacts general functioning.
- The report should describe manner and level of severity with which the disability currently impacts academic functioning, e.g., reading, memorizing, writing, note taking, test-taking, etc.
- The report should indicate any types of activity that might be a typical part of a college program that are specifically contraindicated by the student's disability.

### Recommendations for the Student's College Program

- The report should contain recommendations for specific reasonable accommodations that are needed to address the current and substantial impact of the disability on the student's academic functioning.
- The report should contain recommendations for reasonable accommodations pertaining to the individual's campus board, room or transportation needs.

Please supply documentation; ATTN: Aaron Ferguson, MEd  
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