The Counseling, Accessibility, and Psychological Services (CAPS) Office provides academic accommodations and services to students with physical disabilities. Students seeking accommodations must provide appropriate documentation of their disability so that CAPS can determine the student’s eligibility for accommodations and the appropriate academic accommodations.

In order to verify the disability and its severity, CAPS requires that a report of the student’s disability be prepared by his/her physician. This documentation should specify the medical diagnosis, and include relevant medical history and appropriate medical records that would be useful to us in providing appropriate accommodations and services. This material will be utilized to determine the student’s eligibility for accommodations or services along with the type of accommodations and/or level of service required.

These requirements have been established since outdated or incomplete documentation does not assist CAPS to accurately assess the student’s accommodations needs. CAPS goal is to ensure equality of access and opportunity for students with disabilities by providing accommodations and services that will best assist the student in meeting the requirements of his/her particular academic program. In reviewing specific accommodation requests CAPS may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student’s academic program. In addition, CAPS may propose accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.
Eligibility Criteria for Provision of Accommodations to Students with Physical Disabilities:

1. Current verification of diagnosis and level of severity.
2. Evidence of significant functional limitation in the educational setting.

To ensure the provision of reasonable and appropriate services for students with physical disabilities, Counseling, Accessibility, and Psychological Services requires students to provide current and comprehensive documentation of their disability and its impact on their education. This should include historical documentation, summary of previous evaluation and accommodations granted, results of medical tests (where appropriate), results of your evaluation, specific diagnostic testing, and a statement regarding the severity and longevity of the disability. Also please be sure to include your recommendations for treatment, follow-up, and accommodations for the student. To standardize the gathering of such information, we ask that you complete the following questions even if the material has already been provided in your evaluation.

Thank you for your cooperation.

1. Student Name _________________________________________________________
2. Diagnosis ____________________________________________________________
3. Date of Diagnosis _____/_____/_____
4. Date of last clinical contact with student _____/_____/_____
5. Approximate duration of disorder _________________________________________
6. Severity of disorder ____________________________________________________
7. Describe any particular test findings/symptoms that you feel are relevant to assist in determining appropriate academic accommodations.

________________________________________________________________________

________________________________________________________________________
8. Describe any accommodations/services that this student has previously used in an educational setting.
________________________________________________________________________
________________________________________________________________________

9. Please provide recommendations for accommodations that you believe will help equalize the student’s ability to access the University of Michigan-Flint’s educational program.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Please provide any additional information you feel will be useful in determining the nature and severity of this student’s disability and any additional recommendations that may assist CAPS in determining appropriate accommodations and interventions.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Signature ___________________________ Date ___________________

Print Name and Title _________________________________________________

Address ____________________________________________________________

Phone (____) __________________________ Fax (____) ______________________

Please return information to:
The University of Michigan-Flint
Counseling, Accessibility, and Psychological Services
264 University Center
Flint, MI 48502
Phone (810) 762-3456
Fax (810) 762-3498