Disability Disclosure Form –Mobility Impairment

You are receiving the attached Disability Disclosure Form – Mobility Impairment - because a student under your care is requesting accommodations from the Disability Resource Center (DRC) at Northeastern University.

A diagnosis of a mobility impairment does not, in and of itself, qualify a student for accommodations under the ADAAA. Accommodations are not based on the student's diagnosis, but instead are designed to address the barrier(s) caused by any substantial limitation(s) related to the disorder. Accommodations are meant to allow full participation in academic and university life for students with disabilities; they do not guarantee student success. The DRC uses a multi-source process to determine eligibility for disability-related accommodations, which includes self-report, history of accommodations (when available), and clinical observations. This form is intended to provide us with the latter.

Please note that the information you provide in response to the questions on this form must be current; in general, you must have seen the student within the last 6 months to meet this requirement. If you have recently begun treating this student, you may find that you do not yet have sufficient information to respond to the questions on this form. If you have not had recent clinical contact with the student, or otherwise find that you cannot effectively complete this form, please inform the student directly.

If you have questions or concerns about this form, how the information is used, or how best to support the student, we invite you to contact our office, at 617.373.2675 or email DRCDocumentation@northeastern.edu.

*Website: www.northeastern.edu/drc * Phone: (617) 373 2675 V, * Fax: (617) 373 7800*

Northeastern University

DISABILITY RESOURCE CENTER

360 Huntington Ave, **20 Dodge Hall**, Boston, MA 02115

Dear (Clinician Name)_____:

I am requesting services from the Disability Resource Center (DRC) at Northeastern University. In order to receive services, the DRC requires documentation of my disability. Services at the DRC are solely based on diagnostic documentation. Once this information is in place, it will be used to develop a service plan for me.

☐ I hereby authorize you to complete the enclosed Disclosure Form and release it to the DRC.

☐ I also authorize you to speak with my DRC Specialist in consultation to provide future services.

Please submit the completed form by mail to:

Disability Resource Center
20 Dodge Hall
Northeastern University
360 Huntington Avenue
Boston, MA 02115

Or by confidential fax: 617-373-7800 or email DRCDocumentation@northeastern.edu

Thank you for your timely assistance with this matter.

Sincerely,

Student Signature	Date
Print Name	NU ID#

*Website: www.northeastern.edu/drc * Phone: (617) 373 2675 V, * Fax: (617) 373 7800*

Disability Disclosure Form –Mobility Impairment

This form must be completed by the licensed clinician or health care provider **who is treating this patient for the diagnosis identified** in this document. ***In order to best serve the student, please thoroughly complete all requested information.***

Patient's/Client's Name_____

1. **Diagnosis/Description of Disability:** _____
2. **Please provide full DSM or ICD---9 code:** _____
3. **Initial Date of Diagnosis:**_____ ▪ **Date of last clinical contact:** _____
4. **Expected duration of disability noted above is:**
   - ☐ Permanent
   - ☐ Chronic
   - ☐ Long term (3-12 months)
   - ☐ Short term (60-90 days)
   - ☐ Temporary (1-60 days)
5. **The extent of the disability is:** ☐Mild ☐ Moderate ☐ Severe
6. **What is the frequency and duration of symptoms of the student's condition?**

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

   ☐None – symptoms under control with medication ☐Other: _____
7. **Assessment Instruments and Results** (Please describe the procedures, assessment tools, etc. used to establish the diagnosis)**:**

*Website: www.northeastern.edu/drc * Phone: (617) 373 2675 V, * Fax: (617) 373 7800*

8. Please describe the student's history of difficulties with his/her disability. Please include both general and academic areas of impact.

9. **Please describe the functional impact of the disability/symptoms on this individual's:**

   a. **Daily life** (include any limitations related to personal care, social interactions, manual tasks, etc.)

   b. **Academic setting** (note: please consider situations in and out of the classroom)

10. **Please check any of the following that apply for this individual:**

☐ Assistive technology/software
- Please Specify_____

☐ Limited ambulation

☐ Limited manual dexterity

☐ Electric or manual chair (please specify)

☐ Personal adapted vehicle
- Public transportation

☐ Self-Care or Personal Care Aide
- Please Specify_____

☐ Service dog

☐ Other (please specify): _____

11. **Please describe the current treatment and medication regimen** (including treating clinicians, frequency of treatment, medications, and side effects)**:**

12. **Suggested accommodation(s) for the academic setting:**

13. **Additional information:**

Clinician's Name: _____

Clinician's State Licensure/Certification #: _____

Area of Specialty:_____ **Clinician's phone #:**_____

_____ _____

Clinician Signature **Date**

Please note: the information in this form may need to be updated annually

*Website: www.northeastern.edu/drc * Phone: (617) 373 2675 V, * Fax: (617) 373 7800*