PHILLIPS ACADEMY ANDOVER
STUDENT DISABILITY SERVICES

ISHAM HEALTH CENTER
978-749-4455

180 MAIN STREET
ANDOVER, MA 01810
www.andover.edu

PHYSICAL/MEDICAL DISABILITY DOCUMENTATION

Students requesting accommodations and/or support services under the Americans with Disabilities Act as Amended (ADAAA) of 2008 must provide documentation of the existence of a physical or medical disability which substantially limits a major life activity. In order to accurately determine accommodation eligibility, the documentation should be current, for active health conditions, generally within six (6) months. Depending on the nature of the condition, the Academy may be satisfied with older documentation. In all cases, the documentation should be appropriate to the anticipated setting. A medical note is not typically sufficient evidence to support one’s disability status or the need for specific educational accommodations.

We appreciate the privacy concerns often associated with one’s disability status, in particular when a psychological condition exists. The necessity for documentation is limited in most instances to seeking current information to establish if a student has a disability. In such cases, we need sufficient information to help us determine what types of accommodation may be appropriate and necessary academically, residually, and to participate in an array of programs Phillips Academy offers to its students.

Documentation should include, but not be limited to the following:

1. **State the specific disability, as diagnosed.** Diagnosis should be made by a person with appropriate professional credentials, should be specific, indicate a substantial functional limitation and rule out alternatives when appropriate.

2. **Be current.** In general, the evaluation and diagnostic testing should have taken place within six (6) months of the request for accommodations, particularly with active health conditions that are subject to change/treatment. If the initial diagnostic report is more than six (6) months old, the student may be required to submit a letter from a qualified professional that provides an update of the diagnosis, a description of the student’s current level of functioning during the preceding six (6) months, and a rationale for each of the requested accommodations. In some cases the updated letter from a qualified professional may simply address why the documents or reports older than six (6) months continue to be relevant in their entirety.

3. **Comprehensive assessment used to arrive at diagnosis.** The documentation should include a summary of the assessment procedures and evaluation instruments used to make the diagnosis and determine the need for accommodations. In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document.

4. **Provide relevant medical and developmental history.** In addition to a history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data, the diagnostic report should cite the specific objective measures used to help substantiate the diagnosis. The evaluator should use definitive language in the diagnosis of a physical disability, avoiding such speculative language as "suggests," "has problems with," or "could have problems."
5. **Describe the functional limitations.** A detailed description of current functional limitations in the academic and employment environments, as well as across other settings, with the understanding that a physical disability usually presents itself across a variety of settings other than just the academic and test-taking domains. The description should include medical information describing the degree to which the current functional limitations restrict the condition, manner, or duration under which the test taker can perform a major life activity as compared to most people in the general population.

6. **Rationale for reasonable accommodations specific to the diagnosed disability.** The clinician must describe the degree of impact of the disorder on a specific major life activity, as well as the degree of impact on the individual in a timed academic setting. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations. Note that a diagnosis in and of itself does not automatically warrant approval of requested accommodations. A prior history of accommodations, without demonstration of current need, does not in and of itself warrant the provision of accommodations. Furthermore, if there is no prior history of accommodations, the clinician must include a detailed explanation of why accommodations were not needed in the past and why they are now being requested.

7. **Name and professional credentials of the evaluator.** The evaluator should have training and experience with the adolescent/adult physically disabled population. (For example, licensure, certification, area of specialization). No examiner SHOULD HAVE A CONFLICT OF INTEREST WITH THE STUDENT. For example, no assessment should be submitted by an examiner who is related by blood or marriage to the student.