Resource Center for Persons with Disabilities
University Health and Wellbeing
MICHIGAN STATE UNIVERSITY

Student/Employee ID #

Disability and Accommodations Documentation Form

The purpose of this form is to allow an MSU student's/employee's licensed health care provider to share relevant information to substantiate that the student/employee has a disability as defined by the **University's Disability & Reasonable Accommodation Policy** and the **Americans with Disabilities Act**. The University's policy and the ADA define a disability as a physical or mental, impairment that substantially limits one or more major life activities.

This form must be completed by a licensed health care provider. This form is not valid if completed by the student/employee requesting accommodations, by the student/employee's family member, or if the form was completed using generative AI.

RCPD's **Documentation Guidelines** provide additional information about documentation that may be submitted to establish that the student/employee has a disability. Additional documentation may be requested if the completed form does not provide sufficient information to establish that the student/employee has a disability.

Provider Information

The student/employee's health care provider or the student/employee may submit documentation via:

- Email to RCPD.Docs@msu.edu
- Fax to RCPD at 517-432-3191
- Drop off or mail to RCPD Bessey Hall: 434 Farm Lane, Suite 120 East Lansing, MI 48824-1033

Provider name:

Specialty:

License number & type:

Practice name:

Contact Information:

Address:

Phone/Fax:

Signature:

Co-Signature:

Date:

Student ID/Employee #

Student/Employee Information

Name:

DOB:

MSU Email:

Diagnosis and Duration

If the diagnosis is in process or provisional, please provide as much information as possible throughout this form.

Primary diagnosis (Most impactful to student/employee, if applicable. Please include DSM/ICD code):

Date of diagnosis:

Permanent ☐ Temporary ☐ If temporary expected duration

Additional diagnoses (please include DSM/ICD codes):

Dates of additional diagnoses:

Permanent ☐ Temporary ☐ If temporary expected duration

Diagnostic tools: How did you arrive at your diagnosis/diagnoses?

- ☐Interview with client
- ☐Behavioral observations
- ☐Medical history
- ☐Psychoeducational - psychological and/or neuropsychological testing
- ☐Developmental history
- ☐Self-rated or interviewer-rated scales

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Impacts

Please use this section to establish how the physical, mental, and/or medical condition(s) substantially limit a major life activity. Consider and document **frequency, duration, and severity** of impacts specific to this individual (rather than a definition or description of a diagnosis). If needed, supplemental documents and records may be submitted.

Major life activities are those functions that are important to most people's daily lives. Examples of major life activities are breathing, walking, talking, hearing, seeing, sleeping, caring for oneself, performing manual tasks, and working. In an educational context, major life activities may include learning, thinking, concentrating, processing, stress management, sleeping, energy levels/overall functioning, memory, etc.

When filling out the questions below, please give comprehensive details of how the condition substantially limits a major life activity. If minimal information is shared, we may need to request more documentation.

1. Please describe how and to what extent the student/employee's physical, mental, and/or medical condition substantially limits major life activities.

2. If the condition is intermittent (e.g., episodic, cyclical, or with flare-ups), please describe its frequency, duration, and severity.

3. Please describe any medication or treatment plan considerations that may impact the student/employee's functioning, such as side effects, medication changes, treatments that require appointments, etc.

4. Please provide any additional information that may be relevant and aid in the exploration of reasonable accommodations.