ODS Disability Documentation Guidelines (DDG)

All students who register with the Barnard Office of Disability Services (ODS) are required to provide appropriate and timely disability-related documentation. Students with learning disabilities and/or ADD should refer to the guidelines in “Documentation of a Learning Disability/ADD” available on our website www.barnard.edu/ods. Students with all other disability diagnoses (mobility, visual and hearing impairments; chronic medical conditions; psychiatric disabilities; and substance abuse/recovery) must provide documentation which responds to the seven elements listed below. These guidelines have been modified as developed by the Association on Higher Education and Disability (www.ahead.org).

Notice to clinicians: Please provide your responses to the seven items below in numbered format, items #1-7 as shown in the enclosed DDG Model Template and fax it to 212/854-7491 or send via email to ods@barnard.edu as soon as possible. Please remember that the student will not be formally registered with ODS—nor will she be able to receive any disability-related services and accommodations—until documentation as per these guidelines has been received and approved. Please call the ODS Director (212/854-4634) if you have any questions, and thank you in advance for your assistance and consideration. Please note: Student must have been seen within the previous six months.

1. The credentials of the evaluator/s
The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. An appropriate match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

2. A diagnostic statement identifying the disability
Acceptable documentation includes a clear diagnostic statement (and DSM-IV diagnostic code/s, if appropriate) that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.
3. A description of the diagnostic methodology used
Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended. Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

4. A description of the current functional limitations
Information on how the disabling condition/s currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual’s self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition/s. While relatively recent documentation is recommended in most circumstances, common sense and discretion in accepting older documentation of conditions that are permanent or non-varying is recommended. Likewise, changing conditions and/or changes in how the condition impacts the individual brought on by growth and development may warrant more frequent updates in order to provide an accurate picture. It is important to remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual’s condition. In most cases, documentation should be current within the past year; and in some cases, previous documentation may be requested.
5. A description of the expected progression or stability of the disability
It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions for exacerbations (including the individual’s own strategies) and recommended timelines for re-evaluation are most helpful.

6. A description of current and past accommodations, services and/or medications
The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

7. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services
Recommendations from professionals with a history of working with the student provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the College has no obligation to provide or adopt recommendations made by outside clinicians or sources, those that are congruent with the programs, services, and benefits offered by the College may be appropriate.