

# Supporting Documentation Form for Care Providers

## Hampshire College Office of Accessibility Resources and Services (OARS)

Student ( \_\_\_\_\_ ) is seeking disability-related services and accommodations at Hampshire College. In order to determine eligibility, the student must provide current, comprehensive documentation that verifies the diagnosis(es) and describes the impact on major life activities, particularly learning and/or residential life.

This form should be completed by an appropriate licensed professional or relevantly trained medical doctor. The diagnostician must be an impartial individual who is not a family member of the student and should have a significantly established relationship with the student to appropriately recommend accommodations.

If you have a relevant educational assessment, (ie. aptitude and achievement or neuropsychological testing) that answers the questions below, you may submit that in addition to or in place of this form if it speaks to all necessary elements of our guidelines. For a detailed description of which testing qualifies as a substitution, please refer to our documentation guidelines: <https://www.hampshire.edu/oars/disability-disclosure-and-accommodation-request>

Hampshire College Health and Counseling Services can provide support with some diagnostic and counseling services or may refer students into the community for long-term support. Hampshire Health and Counseling Services cannot provide supporting documentation for an Emotional Support Animal (ESA). If interested, please visit them online to learn more: <https://www.hampshire.edu/student-life/health-and-counseling-services>.

### PROFESSIONAL COMPLETES THIS SECTION

#### 1. Diagnosis(es) (Please include DSM IV diagnosis if for a psychiatric disability.)

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Level of Severity:    Mild    Moderate    Severe

Global Assessment of Functioning Scale (if available): \_\_\_\_\_

2. History of Disability/ies:      Date of diagnosis/es: \_\_\_\_\_

Describe symptoms that meet criteria for the diagnosis(es), approximate date of onset, and progression or stability:

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Length and type of treatment (any currently prescribed or recommended treatment, care, or assistive devices.): \_\_\_\_\_

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Is the student currently on medication?       No    Yes   If yes, please list: \_\_\_\_\_

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Will student require local treatment/follow-up?       No     Yes

If yes, and arrangements have been made, where? \_\_\_\_\_

**3. Describe the student's functional limitations in an academic and/or residential setting, and degree to which functioning is impaired in different contexts.** Please include information about the impact of medication side effects, if relevant:

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**4. Do you have recommendations for accommodations and/or support services in the college environment?** *(If a specific accommodation is needed, please indicate its necessity and the functional limitation(s) at the root of said need. If you are recommending an emotional support animal (ESA), please also complete our ESA Accommodation Request Supplement found here: <https://www.hampshire.edu/oars/disability-disclosure-and-accommodation-request>)*

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**Please attach any additional relevant information to explain the impact of this student's condition on functioning, such as diagnostic reports and testing, preferably completed in the last 3-5 years. Thank you very much!**

Name, Title (please print): \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send documentation forms to:

**Hampshire College Office of Accessibility Resources and Services (OARS)**  
**893 West St.**  
**Amherst, MA 01002**  
**P: 413.559.5498, F: 413.559.6098**  
**E-mail: [accessibility@hampshire.edu](mailto:accessibility@hampshire.edu)**

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Office of Accessibility Resources and Services (OARS), 893 West St., Lemelson Building, Amherst MA 01002