Disability documentation for the purpose of providing accommodations, services or auxiliary aids must both establish disability and provide accurate information on the current impact of the disability to enable Disabilities Support Services to determine the appropriate accommodations. All documentation will be reviewed on a case-by-case basis. The student is responsible for the cost of obtaining disability documentation. Questions concerning these requirements should be directed to Anne Hughes, Disabilities Support Services, Piedmont College, P.O. Box 10, Demorest, GA 30535, 706-778-3000, ext. 1504.

I. Documentation must be provided by a qualified professional. A professional providing documentation should hold an advanced degree in a field related to the student’s condition. The evaluator must be licensed or otherwise properly credentialed and have experience in diagnosing and/or treating the condition for which they are providing documentation. The evaluator’s name(s), title(s) and credentials should be clearly stated in the documentation. Documentation from close family members, even though qualified and credentialed, will not be accepted. All documentation should be in English, typed or printed on official letterhead, dated, signed and mailed or faxed to Disabilities Support Services at Piedmont College, ATTN: Anne Hughes.

II. Documentation must be current and include a description of the student’s current functional limitations. In general, documentation is considered current if it is less than three years old. Older documentation may be accepted for conditions that are considered to be permanent and non-varying. Conversely, new documentation may be requested for conditions subject to change due to the growth and development of the individual. If the condition is not stable, information on the typical progression or prognosis of the condition, current treatment plan, and recommended timelines for re-evaluation should be included.

Diagnostic methods used should be currently accepted professional practices in the evaluator’s field and be matched to the student’s particular disability. Testing instruments and/or neuropsychological assessments used should be based on adult norms and widely

accepted in the evaluator’s field as valid reliable instruments for diagnosis of the disability. Diagnostic reports should use and contain information from a variety of sources. Examples of diagnostic data sources include: clinical history that establishes the date or age of the student at the initial diagnosis; medical examinations, tests, or neuropsychological assessments; academic history and IEPs; personal interviews or self-report; and, clinical or anecdotal performance observations that may relate to the student’s motivation, study skills or other factors.

III. **Documentation must be comprehensive.** Diagnostic methods used should be currently accepted professional practices in the evaluator’s field and be matched to the student’s particular disability. Testing instruments and/or neuropsychological assessments used should be based on adult norms and widely accepted in the evaluator’s field as valid reliable instruments for diagnosis of the disability. Diagnostic reports should use and contain information from a variety of sources. Examples of diagnostic data sources include: clinical history that establishes the date or age of the student at the initial diagnosis; medical examinations, tests, or neuropsychological assessments; academic history and IEPs; personal interviews or self-report; and, clinical or anecdotal performance observations that may relate to the student’s motivation, study skills or other factors.

Quality documentation will generally include:
- Statement of a specific diagnosis or diagnoses
- Description of the individual’s current functional limitations in a work, academic, residential, or other campus setting
- Description of both current and past medications, auxiliary aids, support services, and accommodations. Information regarding the effectiveness of these accommodations should be included. Information should also be included about any significant side effects from current medications or treatments that may impact physical, perceptual, behavioral or cognitive performance

IV. **Documentation includes recommendations for accommodations.** Reasonable accommodations are determined on an individual, case-by-case basis and are based on the functional impact of the condition and its likely interaction with the environment (course assignments, program requirements, physical design, etc.) Recommendations for specific accommodations, aids or services must be logically related to the functional limitations of the student as a result of their condition(s). School plans such as an Individualized Education Plan (IEP) or a 504 plan can be helpful and may provide insight in making decisions regarding current accommodations, aids or services. However, IEPs and 504 plans are not binding on Piedmont College, and a prior history of accommodations without demonstration of current need does not guarantee the provision of accommodations.

V. **Disability documentation will be treated in a confidential manner.** Individual information will be shared only on a need-to-know basis, and with written permission from the student, to ensure the provision of reasonable and effective accommodations, auxiliary aids, and services. Disability-related information is collected and kept on separate forms and kept in secure files with limited access.