**Licensed Professional Questionnaire for Academic, Housing and Transportation Accommodations**

West Virginia University is committed to providing reasonable and effective accommodations to qualified individuals with disabilities. An individual with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities. All WVU students requesting disability-related accommodations must register with the WVU Office of Accessibility Services and provide up-to-date, appropriate, and objective documentation that clearly substantiates a significant functional impairment. This documentation must be provided by a qualified, licensed professional whose scope of practice enables them to appropriately render the diagnostic conclusions used as basis for the accommodation request. It is important to note that, under the law, determination of accommodations should be based on need and effectiveness, *not preference*.

Determinations on reasonable accommodations will be based on the documentation submitted to OAS and discussion with the student’s Accessibility Specialist.

To be authorized for accommodations, students must:

1. **Register** with the Office of Accessibility Services (OAS) at http://accessibility.wvu.edu/register.
2. **Submit a completed Licensed Professional Questionnaire** with a licensed professional who is credentialed in the area related to the diagnosed condition for which the accommodation is being requested. Documentation provided must not be more than one year old. Please type all information, if possible.
3. **Meet with an Accessibility Specialist.**

An Individualized Education Plan (IEP), 504 Plan, outdated documentation, and evaluations normed on child scales may not provide sufficient documentation. These documents do however serve as an appropriate starting place for discussions about accommodations with your Accessibility Specialist. A request for additional documentation, as well as further evaluation, may also be discussed to assist in the authorization of accommodations.

Please submit all documentation to the West Virginia University Office of Accessibility Services.

If an accommodation is authorized, students must then request their accommodations every semester by logging into the Office of Accessibility Services SAMM website. An accessibility specialist will approve the requests and email the student and their instructors an official notification of accommodations. Students must schedule to meet with their instructor to request and discuss their accommodation implementation.

**Recommended practitioners for accepted documentation**

The following practitioners are accepted to provide documentation on the respective disabilities or conditions (all must be appropriately credentialed and licensed in their respective fields):

|  |  |
| --- | --- |
| **Disability or Condition** | **Acceptable Practitioner** |
| Attention Deficit Hyperactivity Disorder | Neuropsychologist, Clinical Psychologist, Psychiatrist, Neurologist, Neurodevelopmental Physician |
| Chronic Illness/Health | Gastroenterologist, Rheumatologist, Endocrinologist, Internal Medicine, or other physician knowledgeable of condition |
| Developmental Disability (such as Autism Spectrum Disorder) | Neuropsychologist, Psychiatrist, Clinical Psychologist, Neurodevelopmental Physician |
| Head Injury/TBI | Neurologist, Neuropsychologist to include general medical physicians |
| Hearing | Audiologist (CCC-A), Otolaryngologist |
| Learning Disabilities | School Psychologist, Clinical Psychologist, Neuropsychologist, Neurodevelopmental Physician |
| Mental Health or Psychiatric | Psychiatrist, Clinical Psychologist, Social Worker (LCSW), Marriage/Family Therapist, Licensed Professional Clinical Counselor, Psychiatric Nurse Practitioner |
| Mobility/Physical | Physical Therapist, Orthopedic Surgeon, other physician knowledgeable of condition |
| Speech and Communication Conditions | Speech Language Clinician |
| Vision | Optometrist, Ophthalmologist |

## To be completed by the student:

Student Name: Click or tap here to enter text.
Student ID #: Click or tap here to enter text.

I request that the following information from my licensed professional be used as documentation of my request for accommodations.

## To be completed by the licensed professional:

Your role as licensed care provider is to thoroughly articulate the functional limitations of a student’s Disability (a sentence or two is *not* sufficient). Functional limitations are ways in which the student's Disability limits their functioning in major life domains and activities. It is not a care provider’s role to make recommendations for accommodations; however, a WVU Accessibility Specialist may reach out for additional information or clarification when determining accommodations.

The WVU Accessibility Specialist to which the student is assigned will be responsible for determining which accommodations are appropriate to provide equal access to education, based on the functional limitations identified by you the provider, the institutional knowledge of West Virginia University’s resources and processes, and the technical standards of the student’s classes.

Please note that providing a single sentence or two to the questions below will not be sufficient for the purpose of accommodation determination. As such, failure to provide enough information will prompt our office to request additional information and will delay the process for the student.

Please type all information, if possible.

Provider: Click or tap here to enter text.
Title: Click or tap here to enter text.
Address: Click or tap here to enter text.
Phone: Click or tap here to enter text.
Email: Click or tap here to enter text.
License Number: Click or tap here to enter text.
Office Name: Click or tap here to enter text.

1. Is this student currently under your care? [ ] Yes [ ] No
2. Provide a specific, definite diagnosis (per DSM-V/ICD-11), including symptoms and fluctuating conditions related to the student’s disability or condition. When appropriate, include a history of diagnosis, including duration, stability, and/or progression of the condition.

Click or tap here to enter text.

1. Some diagnoses may require a psychological evaluation. Has this student had an adult normed psychological evaluation performed? If so, testing should be provided to the Office of Accessibility Services.

[ ] Yes [ ] No

1. Please indicate the level of impact the student’s disability may have in limiting the following major life activities:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Life Activity** | **No Impact** | **Negligible Impact** | **Moderate Impact** | **Substantial Impact** | **N/A** |
| Communicating |[ ] [ ] [ ] [ ] [ ]
| Concentrating |[ ] [ ] [ ] [ ] [ ]
| Hearing |[ ] [ ] [ ] [ ] [ ]
| Interacting with others |[ ] [ ] [ ] [ ] [ ]
| Breathing |[ ] [ ] [ ] [ ] [ ]
| Learning |[ ] [ ] [ ] [ ] [ ]
| Making/Keeping Appointments |[ ] [ ] [ ] [ ] [ ]
| Managing Distractions |[ ] [ ] [ ] [ ] [ ]
| Managing Stress |[ ] [ ] [ ] [ ] [ ]
| Meeting Deadlines |[ ] [ ] [ ] [ ] [ ]
| Memorizing |[ ] [ ] [ ] [ ] [ ]
| Performing Manual Tasks |[ ] [ ] [ ] [ ] [ ]
| Reading |[ ] [ ] [ ] [ ] [ ]
| Seeing |[ ] [ ] [ ] [ ] [ ]
| Thinking |[ ] [ ] [ ] [ ] [ ]
| Writing |[ ] [ ] [ ] [ ] [ ]
| Other: |[ ] [ ] [ ] [ ] [ ]

1. For the major life activities checked above, please provide an explanation of the functional impact of the limitation in an academic and/or campus setting. Providing a single sentence or two will not be sufficient for the purpose of accommodation determination.

Click or tap here to enter text.

1. Please include any other information that might be helpful in working with this student (i.e. clinical observations, audiogram, visual exam, etc.).

Click or tap here to enter text.

The following information/documentation is **not** adequate for determining accommodations:

* A brief note from a physician or health professional that simply requests an accommodation or provides a diagnosis without offering supporting documentation. This includes information or notes written on a prescription pad, as well as aftercare instructions issued to the patient.
* Evaluation reports of a learning difficulty that are not comprehensive or that identify “problems or challenges” but do not specifically diagnose a learning disability.

**NOTE: An Individualized Education Plan (IEP), 504 Plan, outdated documentation, and evaluations normed on child scales may not provide sufficient documentation. These documents do however serve as an appropriate starting place for discussions about accommodations with your Accessibility Specialist. A request for additional documentation, as well as further evaluation, may also be discussed to assist in the authorization of accommodations.**

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Licensed Professional’s Signature Date

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Licensed Professional’s Printed Name