



AMHERST COLLEGE

ACCESSIBILITY SERVICES, P.O. BOX 5000, AMHERST, MA 01002-5000
T 413-542-2337 | F 413-542-8488 | ACCESSIBILITY@AMHERST.EDU

Name (Print): _____ Date: _____

DOB: ____/____/____ Class Year: _____ Amherst ID#: _____

The above named student has requested accommodations for a disability at Amherst College. Accessibility Services is attempting to determine whether this student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student needs reasonable accommodation(s).

There are multiple ways to provide documentation of a disability, however, a doctor's prescription pad note or a school plan such as an IEP or 504 Plan is not sufficient documentation alone, but can be included as part of a more comprehensive evaluative report. Documentation will assist Accessibility Services in understanding how the disability impacts the student in an academic setting and the current impact as it relates to the accommodations requested.

Documentation should be completed or provided by a qualified professional (a treating or diagnosing health or mental health professional) and not by a family member or guardian. For psychological disabilities, evaluation and documentation should be within the last six months unless the condition is one that does not change over time. All documentation will be evaluated on a case-by-case basis.

Options for providing documentation:

1. A full detailed evaluation or diagnostic report of the condition(s) and impact or limitations caused as a result of the condition(s).
2. A report of prior accommodations from other schools (Individualized Education Plan (IEP), 504 Plan, or documentation that illustrates past use of post-secondary accommodations).
3. A letter from a health or mental health professional on letterhead with the date, signature and credentials which must address the questions listed on the attached form.
4. The Accessibility Services Information Form (pages 2 and 3).

FOR HOUSING DISABILITY RELATED ACCOMMODATIONS:

Please provide documentation indicating what reasonable accommodation(s) will enable you to stay in the residence halls.



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DISABILITY CERTIFICATION FORM

- 1. What is the diagnosis or condition(s) that impact the student's physical and/or cognitive function?**
You must state the specific diagnosis, terms such as "suggest" or "is indicative of" are not acceptable.

- 2. What is the evidence supporting the diagnosis(es)?** *Please provide a copy of any test results supporting the diagnosis(es) (i.e. audiogram/vision report, psycho-educational evaluation, etc.) or other information used to reach the diagnosis.*

- 3. How long has the student experienced this condition?**

- 4. What is the expected duration, stability or progression of the condition(s)?**

- 5. What specific physical and/or cognitive functioning is impacted or limited by the condition(s)? And what is the severity of that impact (mild/moderate/severe)? Please explain.**



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6. What is the current treatment/follow up plan?

7. If the student is taking any medications, what if any, are the side effects of the medication?

8. Is there any other information you would like to add that might be helpful to us in working with this student?

Please attach any other information (evaluations) relevant to the student's current condition and supports the student's request for an accommodation at Amherst College.

Evaluator Information:

Print Name

Date

Signature

License or Certification

Phone Number

Agency/Institution Name

Address