

Documentation Checklist and Guidelines

To ensure the provision of necessary and reasonable accommodations, should when possible submit documentation to the Office for Inclusion and Civil Rights that demonstrates a substantial limitation to one or more major life activities as defined under the ADA-AA.

Please have your licensed health professional use the following checklist to use as a guide to type a detailed statement for consideration of your accommodation request. The documentation must contain the relevant information requested below and that their statement be on letterhead. For more information related to specific diagnoses, please see the reverse.

DIAGNOSIS INFORMATION

- Primary Diagnosis / Diagnoses
- Date of establishment / Age of Onset
- Date of most recent evaluation

BACKGROUND HISTORY

- Discuss any pertinent background information.

EVALUATION PROCEDURES

- List assessment or evaluation procedures, results and any additional information related to the evaluation of the disability. (ex. specific testing, weekly therapy, check in appointments)

CURRENT IMPACT OF DIAGNOSIS

- Describe the manifestation of the condition. Please include how the condition impacts the daily life, as well as any other areas as applicable

RECOMMENDATIONS / ADDITIONAL COMMENTS

- Provide a list of recommended accommodations and how they will address the employee's specific needs.

EVALUATOR QUALIFICATIONS *(some information may be listed on the letterhead)*

- Signature
- Date
- Full Name of Evaluator
- Professional Title
- License Number
- Address
- Phone Number