

Documentation for Autism Spectrum Disorders

Kennesaw State University's Student Disability Services provides S S R U W services and accommodations for students with documented disabilities. The treating or diagnosing healthcare professional should complete this form. Disability Services will use this form to evaluate eligibility for academic accommodations, which includes disability diagnosis as defined under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (ADAAA); 2) aid in the determination of appropriate services and accommodations in the academic environment.

The information provided by the health care professional will not become part of the student's educational records, but will remain in the student's confidential file in Disability Services. Upon request, this form may be released only to the student. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

Please complete this form, fill out the Healthcare Provider Information section on the last page, sign it, then return it to the student, who will give it to the Disability Services Provider at Kennesaw State University.

Date: _____

Print Name _____

Student ID _____

Description of Diagnosis: _____

DSM/ICD code: _____ date of last visit to this provider: _____

Date of original diagnosis: _____ Diagnosed by: _____

Describe cognitive ability as assessed using standardized assessment measures with age-appropriate norms. Identify assessment measures used and date. Attach assessment reports if applicable.

Documentation for Autism Spectrum Disorders