KENNESAW STATE UNIVERSITY
DIVISION OF STUDENT AFFAIRS
Student Disability Services

Documentation for Autism Spectrum Disorders

Kennesaw State University's Student Disability Services provides support services and accommodations for students with documented disabilities. The treating or diagnosing healthcare professional should complete this form. Student Disability Services will use this form to evaluate eligibility for academic accommodations, which includes 1) 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 of Birth 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 available.)

_____

_____

_____

Describe limitations that affect this individual's ability to conduct one or more major life activities.

_____

_____

_____

Describe the current limitations or impairments in social communication and interaction, and the degree of their impact on functioning. Include restricted or repetitive patterns of behavior, interests and activities and their impact in an academic environment.

_____

_____

_____

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Describe current functional limitations, which affect this individual in the academic setting, and suggestions for accommodations (i.e., note taker, extra time on tests).

Limitations	**Recommendations**
_____	_____
_____	_____
_____	_____

Healthcare Provider Information (In the space provided, please attach a business card.)

Provider Signature_____ Date_____

(Please print)

**Provider name:_____ Title:_____ License #:_____

Attach Business Card Here

Website: https://sds.kennesaw.edu
Kennesaw Campus Location: Kennesaw Hall, Suite 1205
Marietta Campus Location: Joe Mack Wilson Student Center, Suite 160
Email: sds@kennesaw.edu
Phone #: (470) 578-2666
Phone #: (470) 578-7361

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