

Documentation Form - Neurological Impairment
Including Brain Injury, Chronic Migraines, Epilepsy, Stroke and Seizures

This form is to be completed in its entirety by a qualified professional such as a neuropsychologist, neurologist, or other qualified medical doctor

Student's Name: _____ **OCC ID:** _____

The student named above is applying for disability accommodations and / or services through the Office of Disability Services ("Disability Services") at Ocean County College (OCC). To determine eligibility, a qualified professional must certify that the student has been diagnosed with a neurological impairment and provided evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of neurological impairment in itself does not substantiate a disability. In other words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to traditional diagnostic reports. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the Disability Services website (go.ocean.edu/DS) in order to view documentation guidelines. Disability Services expects the following regarding this documentation form:

- The form will be completed with as much detail as possible as partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of neurological condition was derived through multiple assessment instruments that included formal measures.
- The assessment information is not more than three years old.
- Assessment information that is more than a year old may be considered out of date depending on such factors as the student's current age, student's age at time of assessment and the nature of the diagnosis.
- The form is being completed by a professional qualified by having had comprehensive training and direct experience in the differential diagnosis of neurological condition such as a neurologist or other appropriate medical doctor.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.

Please respond to the following items regarding the student named above (type or print):

Date of first contact with student: _____ **Date of last contact with student:** _____

Frequency of appointments with student (i.e. once a week, twice a month): _____

Date(s) current assessment completed: _____

What is the student's diagnosis? _____

Strengthening diversity, equity, inclusion and accessibility (DEIA) efforts throughout our community

How long has the student had this diagnosis/condition? _____

What is the severity of the condition or symptom(s) (check one): Mild Moderate Severe

Explain the severity indicated above: _____

What is the expected duration (check one): Chronic Episodic Short-term

Explain the duration indicated above: _____

Is the neurological condition expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the medical condition.

Student's primary current symptoms and concerns (be specific): _____

Provide information regarding the student's current symptoms: _____

Does the student have a disability* as a result of their condition that warrants accommodations (check one)? Yes No

**The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity.*

Explain how the symptoms related to the student’s disorder cause significant impairment in a major life activity (e.g., learning, eating, walking, interacting with others, etc.) in a classroom setting, if applicable:

Pharmacological History: Provide pertinent pharmacological history. List the student’s current medication(s), dosage, frequency, and adverse side effects: _____

Not applicable, student is not taking medication for the above-mentioned condition(s).

Are there significant limitations to the student’s functioning directly related to the prescribed medications (check one)? Yes No Not applicable

If yes, explain: _____

Provide an explanation of the extent to which the medication currently mitigates the symptoms of the disorder: _____

Not applicable

State the student's functional limitations from the disorder specifically in the college setting (e.g. can the student remain seated for long periods, able to maintain focus, regularly attend class): _____

State recommendations regarding academic adjustments or accommodations, aids, and/or services for this student and the reason these accommodations are warranted based upon the student's functional limitations: _____

If current treatments (e.g., medications, counseling) are successful, state the reasons the above academic adjustments and/or accommodations, auxiliary aids, and/or services are necessary: _____

In the event of an on-campus emergency requiring evacuation (e.g. fire drill, bomb threat), will this student need assistance (check one):

Yes

No

If Yes, please explain: _____

Certifying Professional

All areas below must be completed by the certifying professional such as a such as a neuropsychologist, neurologist, or other relevantly trained medical doctor.

Name and Title: _____

License or Certification #: _____

Company/Office/Institution/Affiliation Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

Signature of
Certifying Professional: _____ Date: _____

Official Company/Office/Institution/Affiliation Stamp (stamp below)

Documentation Retention

All submitted materials will be held with OCC Disability Services as confidential educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational record. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.

Methods of return to OCC Disability Services:

- Print, scan and upload via the secure student Accommodate portal (online)
- Print, scan and upload to general office portal go.ocean.edu/upload
- Print and fax to 732-864-3860
- Print and scan to accommodations@ocean.edu