

ACCESSING DISABILITY SERVICES

ACTIVITY 40 WORKSHEET

Disability Documentation Evaluation

WAPED REQUIREMENT	<i>Current Documentation</i>		
	<i>yes</i>	<i>no</i>	<i>n/a</i>
Is my documentation prepared by a qualified professional?			
Is there a statement of a specific disability? (e.g. referenced DSM-IV criteria)			
Does my documentation talk about the current impact of my disability? (3 yrs. usually acceptable)			
Is my documentation comprehensive? List Requirements: _____ _____ _____ _____			
Does my documentation include acceptable, comprehensive testing?			
Does my documentation include test results?			
Does my documentation include Summary/Recommendations (medications, accommodations, assistive technology, support services needed for success in a college environment as appropriate)			
Other: _____ _____ _____			