

## Autism Spectrum Documentation Form

A student has requested support services from the Office of Disability Services (ODS) at SUNY Geneseo in regards to an autism spectrum disorder. To be eligible for disability support, ODS guidelines require that students provide documentation of the condition and how it impacts his/her access to learning or other major life activities.

The Americans with Disabilities Act as Amended and Section 504 of the Rehabilitation Act of 1973 protect individuals with disabilities from discrimination and entitle these individuals to reasonable accommodations. To establish that an individual is protected under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities and have an expected duration of not less than 6 months. A diagnosis in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic impact.

Qualified professionals include developmental pediatricians, neurologists, clinical psychologists, neuropsychologists, psychiatrists, other relevantly trained medical doctors, or an interdisciplinary team. Assessments from general practitioners, physician assistants, or registered nurses are not considered sufficient documentation. Additionally, a school plan such as an Individualized Educational Plan [IEP], Summary of Performance [SOP], or 504 Plan is not sufficient documentation.

Documentation should be printed on letterhead that lists the Name, Profession, License Number, Office Address, Phone, Fax, and Email of the Certifying Professional. The letter must include all of the information requested below; if this information is not provided, services may be delayed as ODS obtains clarification. Please call 585-245-5112 if you have questions. Documentation may be faxed to 585-245-5091, attached to an email ([disabilityservices@geneseo.edu](mailto:disabilityservices@geneseo.edu)), or it may be mailed to the address at the bottom of this page. ODS welcomes any additional documentation that is pertinent to providing academic and programmatic access for the student.

Comprehensive documentation should include:

- **DSM-V Diagnoses** (*Please provide both code and descriptor*):
  - Primary / Secondary
- **Date of Diagnosis**
- **Date of initial visit with student**
- **Date of last visit with student**
- **Basis on which Diagnosis was made (please indicate in report):**  
Psychoeducational or neuropsychological assessment (please attach report)  
Speech/language evaluation (please attach report)  
Standardized rating scales (please attach report)  
Structured or unstructured interviews with student  
Structured or unstructured interviews with other relevant persons (*e.g. parent, therapist, teacher*)  
Behavioral observations  
Developmental history  
Medical history  
Other (*Please specify*)

- **Clinical Manifestations/Symptoms**
- **Implications for Educational Access** (Substantial limitation is defined as a “significant restriction in the condition, manner, or duration in which a major life activity is performed compared to most people”).

In what areas does the disability limit a major life activity?

- Concentration \*
- Memory \*
- Cognitive Functioning \*
- Processing Speed \*
- Complex/abstract thinking
- Communication
- Interpreting figurative language
- Social interaction
- Understanding nonverbal behaviors
- Stress management
- Time management
- Organization & prioritization of tasks
- Making and keeping appointments
- Meeting deadlines
- Task persistence
- Managing sensory input
- Managing internal distraction
- Managing external distraction
- Motor skills
- Other

**\*Note:** Appropriate psychometric data must be included for these areas of limitation.

- **Describe any repetitive and/or unusual patterns of behavior.**
- **Current Treatment/Intervention Plan:** Is the student currently in individual or group therapy/counseling. What medications does the student have prescribed, and list any side effects that may impact the student’s participation in college activities.
- **Additional Comments:** Please suggest accommodations, auxiliary aids or supports that will assist the student.