



## Student Accessibility and Support Services

Directions for completing this form:

1. Download and save the form to your computer
2. Complete the fillable form
3. Submit the form by clicking the "email to SASS" button or return via email or mail

### Documentation Form: Neurological Disability/Traumatic Brain Injury

Student's Name: \_\_\_\_\_

The student named above is applying for disability accommodations and services through Student Accessibility and Support Services (SASS) at Rider University. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed with a neurological disability/traumatic brain injury and provide documentation that it represents a substantial impediment to 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 SASS website (accessibility) in order to view documentation guidelines. SASS expects the following in regards to this documentation form:

- The form will be completed with as much detail as possible.
- The diagnosis of the disability was derived through a formal assessment.
- The assessment information must be current.
- The form is being completed by an appropriate medical professional.
- The professional completing the form is not a family member of the student or has a personal or business relationship with the student.

What is the student's diagnosis?

How long has the student had this diagnosis ?

What is the severity of the condition?

Mild

Moderate

Severe

Explain the severity indicated above:

What is the expected duration?

Chronic

Episodic

Short-term

Explain the duration indicated above:

The student's prognosis:

Provide information regarding the student's current symptoms and impact on daily functioning:

List the student's current medication(s), dosage, frequency, and adverse side effects:

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

Yes

No

If **Yes**, please explain:

State the student's functional limitations specific to the academic setting and recommended accommodations.

**Certifying Professional**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Type of License or Certification

\_\_\_\_\_  
Company/Office/Institution Affiliation Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
Date

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