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 by email or mail.

Documentation Form: Autism Spectrum Disorder

Student's Name:

The student named above is applying for disability accommodations and /or services through the Students Accessibility and Support Services (SASS) office at Rider University. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed as having Autism Spectrum Disorder (ASD). It is important to understand that documentation of this diagnosis must provide evidence 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 (www.rider.edu/sass) 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 ASD was derived through multiple assessment instruments that included formal measures.
- The assessment information is not more than three years old.
- The form is being completed by a professional qualified by having had comprehensive training and direct experience in the differential diagnosis of ASD such as a psychologist, neuropsychologist, psychiatrist or other relevantly trained 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.

What is the DSM-V diagnosis for this student?

Date of last contact with student: _____

How long has the student had this diagnosis/condition?

Student's primary current symptoms and concerns:

What is the severity of the symptoms? ◯ Mild ◯ Moderate ◯ Severe

Explain the severity indicated above:

Date(s) current assessment completed: _____

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

Psychological History: Provide pertinent psychological history (include any psychological reports or testing utilized, if applicable).

Pharmacological History: Provide pertinent pharmacological history, including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past.

Psychosocial History: Provide pertinent information obtained from the student/ parent(s)/guardian(s) regarding the student's psychosocial history (e.g., history of not sustaining relationships, history of employment difficulties, history of educational difficulties, social inappropriateness, history of risk-taking or dangerous activities, etc).

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 college setting, if applicable.

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:

Please complete the following table by placing an "X" on the impact that the student's condition has on the particular activity of behavior.

Activity/Behavior	No Impact	Moderate Impact	Substantial Impact	Don't Know
Social interaction				
Social awareness				
Oral expression				
Listening comprehension				
Completing tasks independently				
Organization				
Distractibility				
Adherence to strict routines				
Sensory sensitivity				
Repetitive behaviors				
Time management				
Mathematics				
Reading				
Writing				
Other (please specify)				

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

Provide an explanation of the extent to which the medication currently mitigates the symptoms of the condition.

State the student's functional limitations from the disorder specific to the college setting:

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

Certifying Professional

Name and Title	License or Certification #
Address	Phone #
City, State, Zip	Fax #
Signature of Certifying Professional	Date

Email to SASS

Student Accessibility and Support Services
Rider University
Bart Luedeke Center, Suite 200
2083 Lawrenceville Road
Lawrenceville, NJ 08648-3099
phone:609-895-5492
accessibility@rider.edu