



OFFICE OF SPECIALIZED SERVICES

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

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**NEUROLOGICAL IMPAIRMENT  
DOCUMENTATION FORM**

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

The student named above is applying for disability accommodations and/or services through the Office of Specialized Services (OSS) at Ramapo College. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed with a neurological condition and provide evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of a neurological condition in and of itself does not substantiate a disability. In others 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 a traditional diagnostic report. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the OSS website ([www.ramapo.edu/students/oss/documentation.html](http://www.ramapo.edu/students/oss/documentation.html)) in order to view documentation guidelines. OSS expects the following in regard to this documentation form:

- The form will be completed with as much detail as possible as a partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of a neurological condition was derived through a formal assessment.
- Assessment information that is more than a year old may be considered out of date depending on such factors as the student's current age, student's age at time of assessment and the nature of the diagnosis.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 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.

What is the student's diagnosis? \_\_\_\_\_

How long has the student had this diagnosis/condition? \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Is the neurological condition expected to remain stable or is it expected to decline?

Yes  No

If it is expected to decline, describe the expected progression of the medical condition:

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Date of first contact with student: \_\_\_\_\_ Date of last contact with student: \_\_\_\_\_

Provide pertinent pharmacological history, including an explanation of the extent to which the medication has mitigated the symptoms of the disorder: \_\_\_\_\_

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Provide information regarding the student's current presenting concerns (be specific):

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Provide information regarding the student's current symptoms: \_\_\_\_\_

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List the student's current medication(s), including dosage, frequency, and adverse side effects (if applicable for the above-mentioned diagnosis): \_\_\_\_\_

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Are there significant limitations to the student's functioning directly related to the prescribed medications?  Yes  No If yes, explain: \_\_\_\_\_

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Provide information regarding the impact, if any, of the condition on a specific major life activity (e.g., learning, eating, walking, interacting with others, etc.): \_\_\_\_\_

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State the student's functional limitations from the condition specifically in a classroom or educational setting (e.g., can the student remain seated for long periods, able to maintain focus, regularly attend class): \_\_\_\_\_

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State specific recommendations regarding academic adjustments, housing accommodations, auxiliary aids, and/or services for this student, and the reason these academic adjustments, housing accommodations, auxiliary aids, and/or services are warranted based upon the student's functional limitations (e.g., if a note-taker is suggested, state the reasons for this request related to the student's condition):

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

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### **Certifying Professional**

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Name and Title

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License or Certification #

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Company/Office/Institution Affiliation Name

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Address

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Phone #

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City, State, Zip

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Fax #

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Signature of Certifying Professional

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Date

### **Please Return To:**

Office of Specialized Services  
Ramapo College of New Jersey  
505 Ramapo Valley Road  
Mahwah, NJ 07430

**DOCUMENTATION RETENTION** - All submitted materials will be held in OSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational records. 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.