



OFFICE OF SPECIALIZED SERVICES

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**SUBSTANCE ABUSE DISABILITY  
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 on the basis of a substance abuse diagnosis and is required to submit documentation to verify eligibility under the Americans with Disabilities Act of 1990 as amended (ADA). In order to determine eligibility, a qualified professional must certify that the student has a substance abuse diagnosis and provide evidence that it represents a substantial impediment to a major life activity. Alcohol and/or substance abuse recovery is considered a disability under the ADA if a major life activity is substantially limited. Substance abuse is a condition of physiological and/or psychological dependence on any of a variety of chemicals, including illegal drugs, prescription or over-the-counter drugs, and alcohol. Students who are recovering from the abuse of alcohol and/or drugs, or who are in treatment programs are covered under the ADA and may be eligible for accommodations. While the use of drugs and alcohol alone does not rise to the level of impairment that constitutes a disability, abuse and dependence can. However, the ADA specifically excludes from the definitions of "individual with a disability" any person who is currently engaging in the illegal use of drugs.

It is important to understand that a diagnosis in and of itself does not substantiate a disability. In other words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. Current and comprehensive documentation must be provided in order for a student to be eligible for support services and considered protected under the law.

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 regards to this documentation form:

- The form will be completed with as much detail as possible as a partially completed form or limited responses will hinder the eligibility process.
- The assessment information is not more than a year old.
- The form is being completed by a qualified professional such as a medical doctor, psychologist, licensed social worker, or chemical dependency counselor who has the appropriate credentials/license in conjunction with specialists experienced in working with the substance abuser.
- 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-IV diagnosis for this student? \_\_\_\_\_

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

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

Date(s) current assessment completed: \_\_\_\_\_

What is the frequency of appointments with student (e.g., once a week, twice a month): \_\_\_\_\_

What is the student's treatment plan: \_\_\_\_\_

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Indicate the student's current symptoms and concerns: \_\_\_\_\_

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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 classroom setting, if applicable.

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

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State the student's relevant educational history:

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State specific recommendations regarding academic adjustments, 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.

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If current treatments (e.g., medications, counseling) are successful, state the reasons the above academic adjustments, housing accommodations, 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.