Documentation Form: Autism

Students 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 as having Autism and 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 OSS website (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 three years old.
- The form is being completed by a professional who has comprehensive training and direct experience in the differential diagnosis such as a psychologist, neurologists or psychiatrist.
- 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?

Axis I:

Axis II:

Axis III:

Axis IV:

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:

What is the expected duration? Chronic Episodic Short-term

Explain the duration indicated above:
Date(s) current assessment completed:

Frequency of appointments with student (e.g., 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 condition cause significant impairment in a major life activity (e.g., learning, eating, walking, interacting with others, etc.) in a college setting, if applicable.

Please complete the following table based on the impact that the student’s condition has on the particular activity of behavior.

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<thead>
<tr>
<th>Activity/Behavior</th>
<th>No Impact</th>
<th>Moderate Impact</th>
<th>Substantial Impact</th>
<th>Don’t Know</th>
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<tbody>
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<td>Social interaction</td>
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<td>Social awareness</td>
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<td>Oral expression</td>
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<td>Listening comprehension</td>
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<td>Completing tasks independently</td>
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<td>Organization</td>
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<td>Distractibility</td>
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<td>Adherence to strict routines</td>
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<td>Sensory sensitivity</td>
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<td>Repetitive behaviors</td>
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<td>Time management</td>
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<td>Mathematics</td>
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<td>Other (please specify)</td>
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</table>
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 specifically to the college setting:

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.

Certifying Professional

Name and Title .................................................. License or Certification #

Address ................................................................. Phone #

City, State, Zip ...................................................... Fax #

Signature of Certifying Professional ................ 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 record. 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.