

## Documentation Form: Autism

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 diagnosis as having Asperger's Syndrome and must provide evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis by 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 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](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 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?

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 specifically 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

Methods of return:

- 1) Complete this fillable form electronically and email by clicking the email button at the top of page 1.
- 2) Print and scan to [oss@ramapo.edu](mailto:oss@ramapo.edu)
- 3) Print and fax to 201-684-7004
- 4) Print and mail to:  
Office of Specialized Services  
Ramapo College of New Jersey  
505 Ramapo Valley Rd.  
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.