Documentation Form: Neuromuscular/Orthopedic Impairment

Student's Name:

The student named above is applying for Specialized Services (OSS) at Ramapo Comust certify that the student has been diagevidence that it represents a substantial in that a diagnosis of a neuromuscular/ortho. In others words, information sufficient to individual is substantially impaired in a malternative to traditional diagnostic report documentation instead of this form, please requirements/) in order to view documentation documentation form:	ollege. In order gnosed with a ne appediment to a ne pedic condition render a diagnostajor life activity s. If a traditional e refer to the OS	to determine eligibility, uromuscular/orthopedic najor life activity. It is in and of itself does not sis might not be adequate. This documentation is diagnostic report is be S website (www.ramapo.e	a qualified professional c condition and provide mportant to understand substantiate a disability. te to determine that an form was developed as an ing submitted as
 The form will be completed wi or limited responses may hinder The diagnosis was derived thro The assessment information is The form is being completed by The professional completing the who has a personal or business response. 	the eligibility prough formal mean not more than they an appropriate e form is not a fa	ocess. sures. ree years old. healthcare professional amily member of the st	
What is the student's diagnosis?			
How long has the student had this diagnos	sis/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 neuromuscular/orthopedic condition expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the impairment.
Date of first contact with student:
Date of last contact with student:
Provide information regarding the student's current presenting concerns (be specific):
Tovide information regarding the student's earrest presenting concerns (see specific).
Provide information regarding the student's current symptoms:
List the student's current medication(s), dosage, frequency, and adverse side effects (if applicable for the above-mentioned diagnosis).

Provide information regarding the impact, if any, of the disorder on a specific major life activity (e.g learning, eating, walking, interacting with others, etc.).
Does the student currently utilize adaptive or assistive technology? If so, how will this equipment be utilized in a college setting?
State the student's functional limitations from the disorder specifically in a classroom or educa etting.
What recommendations do you have regarding accommodations (i.e. extra time for exams, note taker, disability parking, housing, and adaptive transportation). Please describe your rationale for the accommodations you have recommended.
f current treatments are successful, state the reasons the above academic adjustments, auxiliary aids, a services are necessary?

Certifying Professional	
Name and Title	Type of License or Certification
Company/Office/Institution Affiliation N	Name
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
- 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.