



## Diagnostic Assessment Criteria

The student listed below has requested support services and/or accommodation(s) from the Specialized Resource Center (SRC). Students requesting such services from the SRC are required, under the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act, to submit documentation to verify eligibility and aid in determining appropriate accommodations for the disability. Please complete and return/fax this form to the address listed below. Supporting reports and/or information as requested may be attached to this form. This form must be completed in its entirety, and the information submitted must be recent to be considered.

Student's Full Name	Student's Manhattan University ID #

**Please note:** If the documentation is incomplete or insufficient to determine the extent of the disability and appropriate accommodations, the SRC will be unable to provide the above student with accommodations until sufficient information is provided.

<b>Diagnosis</b> (Should include a diagnostic statement that identifies the disability, date of the most current diagnostic evaluation(s), and the date of the original diagnosis).

<b>Description of the diagnostic criteria and/or diagnostic test(s) administered</b> (The diagnostic methods used should be congruent with the disability and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process).



**Description of the functional impact of the disability** (This information must be sufficient to determine how the disability is significantly impacting one or more life activities. The current functional impact on physical, perceptual, and cognitive abilities should be described.)

**Treatment, medications, assistive devices/services currently prescribed** (A description of the above in current use and their estimated effectiveness in ameliorating the impact of the disability. Significant side effects that may impact physical, perceptual, or cognitive performance should also be noted).

**Progression or stability of the impact of the disability over time** (This should provide an estimate of the change in the functional limitations of the disability over time and/or recommendations concerning the predictable needs for re-evaluation).



**Recommendations for accommodations, adaptive devices, and assistive/support services for a postsecondary environment** based on the context of the diagnostic evaluation, recommendations for specific accommodations, adaptive devices, and/or assistive services that would ameliorate the functional impact of the disability and provide fuller access in the academic setting should be described.

Evaluator/Clinician's Information	
Name/Title	License #
Signature	Date of Signature
Address	Phone #