

Office of Disability Services

Helping you access Rutgers, everywhere!

Rutgers Biomedical and Health Sciences (RBHS)

(regardless of physical location) Phone: 973.972.5396

Email:

odsrbhs@ca.rutgers.edu Website: go.rutgers.edu/

ODSRBHS

Camden

Phone: 856.225.2717 Fax: 856.225.6084

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New Brunswick

Phone: 848.202.3111 Fax: 732.445.3388

Email:

dsoffice@echo.rutgers.edu Website: ODS.Rutgers.edu

Newark

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Email: ods@newark.rutgers.edu

Website:

ODS.Newark.Rutgers.edu

DOCUMENTATION GUIDELINES

The Office of Disability Services uses a combination of information to determine eligibility and reasonable accommodations. Documentation of a specific disability does not translate directly into a specific accommodation or set of accommodations, instead reasonable accommodations are determined on a case-by-case and course-by-course basis.

The rationale for seeking information about a student's condition is to support the higher education professional in establishing disability, understanding how disability may impact a student, and making informed decisions about reasonable accommodations.

Documentation assists the Office of Disability Services staff to:

- Establish a student's eligibility for services,
- Understand the impact of a student's condition(s) in an academic environment; and,
- Determine strategies and reasonable accommodations to facilitate equal access.

Fundamental components of documentation include:

- Completed by a professional who is qualified to diagnose or treat the condition and is working with the individual who is seeking accommodations
- A clear diagnostic statement identifying the disability and date of diagnosis
- A description of the diagnostic methodology used
- A description of the current functioning and impact of the condition(s)
- Identification of functional limitations
- A list of expected duration, progression, and stability of condition
- Support for the requested accommodations

More information about our documentation guidelines is available at: https://radr.rutgers.edu/student/general-documentation-guidelines

Please utilize the information on the left of this page for the correct Rutgers University campus the student is enrolled.

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Traumatic Brain Injury (TBI) Documentation

Student's First Name:	
Student's Last Name:	
Date of Birth	
Student's Street Address	
City	
State	
Zip Code	
as possible) answers to the history or have assessed in	t adapt to college life after his/her injury, please supply (in as much detail e questions that follow. Please complete all items which you have an the course of clinical evaluation. If you wish to, please attach any d of this form, please hit submit and attach any items.
Date of Injury	
Number of Concussions wi	th loss of consciousness
Number of Concussions wi	ithout loss of consciousness
Date(s) without loss of con	sciousness
Hospitalization with any of these injuries?	Yes No
Surgery needed for any of these injuries?	Yes

If you answered yes to any of the above, please provide details here:

II. Post-Concussive Status

Check all if present now:

Fatigue

Attention Problems

Balance Problems

Dizziness

Noise Sensitivity

Light Sensitivity

Headaches

Sleep Problems

Memory Problems

Amnesia

Confused Periods

Seizures

Personality Change

Irritability

Behavioral Problems

Anxiety

Depression

Suicidal Tendencies

Please check if the following were done and provide the reports

Skull X-ray

EEG

CT/MRI

SPECT

Check if there is any prior	history of:
Special Education	
Learning Disability	
ADD/ADHD	
Meningitis/Encephaliti	
Substance/Alcohol ab	
Psychiatric/Psycholog	ical counseling
Please provide reports from listed in the section above	om any neuropsychological/educational testing relating to TBI or any items
List any current medication	ons and the name of the prescribing M.D
post-secondary school er	particular problems that may impair this student's functioning in the nvironment (e.g the students/patient has difficulty functioning in the
morning) and elaborate o	n present symptoms checked in the post-concussive status.
Name of doctor completing this form:	
License number:	
Date:	