LUTHER COLLEGE

Documentation of Disability

Student's Name: ________________________________

The above student has applied for disability services. To be considered for these services, Luther College requires appropriate documentation. Please complete this form or, if you prefer, use this format in a separate document. Note: diagnostic reports or a high school Summary of Performance (SOP) may be submitted as documentation if they address the areas below. Please send documentation to the address or fax below or simply send it with the student.

Diagnostic statement identifying the disability and/or food allergy.

Basis for diagnosis: summary of evaluation used, criteria for diagnosis, pertinent laboratory tests, etc.

Description of current functional (or food) limitation caused by the disability.

Description of expected progression or stability of the disability.

List accommodations, interventions or special diets that have worked in the past and also, what has not been successful.
Please include treatments, medication (including Epi Pens), devices or services currently prescribed to treat the condition.

For food allergies, has the student had a nutrition consult with a registered dietician? YES  NO

What was the diet prescribed to treat the condition?

Recommendations for accommodations, assistive services and/or collateral support services for this student at Luther College.

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<th>Name of Provider:</th>
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