



UNIVERSITY
OF
LOUISIANA
L a f a y e t t e

Office of Disability Services
Dr. Carol Landry, Director
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126 Agnes Edwards
disability@louisiana.edu
<http://disability.louisiana.edu>

Documentation Criteria Guidelines

The following guidelines are provided for students identifying themselves as having a disability for which services are needed. Documentation must be prepared by a licensed professional qualified to diagnose and treat the disability.

- The documentation must be typed/ printed on **LETTERHEAD** of the practitioner or agency hosting the practice. Handwritten notes on prescription pads **ARE NOT** accepted.
- All documentation must be current, within the past **THREE** years. The exception to this exists in the case of permanent disabilities.

To ensure that documentation is complete and appropriate the following information is needed:

- A clear statement and diagnosis of the disability
- Current symptoms which meet the criteria for the diagnosis
- Current use of medication
- Functional limitations and expected impact on performance
- A concise statement of credentials

Submitting Documentation

The student can submit documentation at any time during the registration process in the following formats:

- digital file uploaded to the online application portal (by the student)
- email: disability@louisiana.edu
- in person: 126 Agnes Edwards Hall
- U.S. Mail- P.O. Box 44329, Lafayette LA 70504-4329

We encourage you to use the template provided below. This is a template only. Do Not Fill in the Blanks.

Dear Dr. Landry:

[Name] is a client/patient who was last seen at [name of practice] on [date]. He/She has reported to me [issues which lead to the discussion of disability services: i.e. "difficulty in school, particularly performing in the classroom test taking format"]. With this mind, we are requesting you speak with this student regarding any services your office may be able to assist him/her with. The following is the information requested so that these services might be rendered.

1. His/Her diagnosis is:
 - a. [generalized anxiety disorder, cerebral palsy, etc.]
 - b.
2. Current Symptoms include:
 - a. Anxiety
 - b. easily distracted
3. Current use of medication:
 - a. Seroquel XR 150mg QHS
 - b.
4. Functional limitations and expected impact on performance:
 - a. inability to concentrate in class
 - b. anxiety in test taking situations
 - c. frequent restroom breaks, etc
5. Credentials:
 - a. Medical doctor with 25 plus years experience in psychiatric medicine, etc.

If there are any other questions or concerns, please feel free to contact my office.

[signature]