Hawaii Pacific University Office of Accessibility Services

Accessibility Services Office
Center for Academic Success
1060 Bishop Street, Suite 602 (LB Bldg)
Honolulu, Hawai'i 96813-2882
Telephone: (808)544-1197
Fax: (808) 544-1170
Email: disabilityresources@hpu.edu

Dear Healthcare Professional:

Your patient/client, Click here to enter text., wishes to register with Accessibility Services at Hawaii Pacific University. The Accessibility Services office provides academic services and accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008. The ADA states the following:

The term "disability" means with respect to an individual –

A. A physical or mental impairment that substantially limits one or more major life activities of such individual:
B. A record of such an impairment; or
C. Being regarded as having such an impairment,

In order for a student to be considered eligible to receive academic accommodations, documentation must show functional limitations that impact the individual in an academic setting. Individuals requesting accommodations must disclose the nature of their impairment and provide recent documentation that verifies their condition. When providing information necessary to evaluate eligibility for academic accommodations, please adhere to the following:

☐ **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These professionals are generally trained, certified, or licensed psychologists or members of a medical specialty.

☐ **Complete the attached form as thoroughly as possible.** Inadequate information, incomplete answers, and/or illegible handwriting may delay the eligibility review process by necessitating follow-up contact for clarification. This form can also be completed by typing information into the fillable PDF form available on our website at XXX.

☐ **The healthcare professional should attach any reports that provide related information (e.g. psycho-educational testing, neuropsychological test results, medical evaluation results, etc.).** If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that explains the results.

☐ **After completing the attached form, sign it and complete the Healthcare Provider Information section on the last page. The completed form can be mailed to our office, or emailed as a PDF to disabilityresources@hpu.edu.** Information provided will not become part of a student's educational records, but it will be kept in the student's file within the Disability Resources Office where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any additional information that would be relevant to the student's academic adjustment.

If you have questions regarding this form or the Accessibility Services process, please call our office at 808.544.1197 or email disablilityresources@hpu.edu. Thank you for your assistance.

Hawaii Pacific University Office of Accessibility Services

ELIGIBITY FORM

Student Information
(Please Print Legibly or Type)

Name (Last, First, Middle):Click here to enter text.

Date of Birth:Click here to enter text. Student ID: @Click here to enter text.

Status: ☐Current Student ☐Transfer Student ☐Prospective Student

Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Address (Street, City, State, Zip Code): Click or tap here to enter text.

HPU Email Address: Click or tap here to enter text.

Personal Email Address: Click or tap here to enter text.

To Be Completed by Healthcare Professional

Date last seen: Click or tap here to enter text.

Impairments/Diagnosis (If applicable, include date of diagnosis and DSM-5/ICD-10 codes):
Click or tap here to enter text.

Relevant patient/Client history:
Click or tap here to enter text.

Additional psychosocial and contextual factors:
Click or tap here to enter text.

How was the impairment/diagnosed determined?
☐Structured or unstructured interviews with the student

☐ Interviews with other persons

☐ Behavioral observations

☐ Developmental History

☐ Educational History

☐ Medical History

☐ Neuropsychological testing (dates of testing) Click or tap here to enter text.

☐ Psycho-educational testing (dates of testing) Click or tap here to enter text.

☐ Standardized or non-standardized rating scales

☐ Other (please specify) Click or tap here to enter text.

How would you categorized this condition in terms of severity? Please check only one and explain below:

☐ Minimal ☐ Moderate ☐ Severe ☐ Residual/Remission
☐Other: Click or tap here to enter text.

The condition is: ☐ Stable ☐ Prone to exacerbation ☐ Other: Click or tap here to enter text.

Duration of impairment/diagnosis is: ☐Permanent ☐Temporary

☐Note Duration: Click or tap here to enter text. **Or** Re-Evaluation Date: Click or tap here to enter text.

Indicate major life activities that are affected because of the impairment and severity of those limitations. This list is not exhaustive and additional life activities can be added at the bottom of this chart.

Life Activity	**Negligible**	**Moderate**	**Substantial**	**Don't Know**	**N/A**
Breathing	☐	☐	☐	☐	☐
Concentrating	☐	☐	☐	☐	☐
Eating	☐	☐	☐	☐	☐
Emotional Processes	☐	☐	☐	☐	☐
Hearing	☐	☐	☐	☐	☐
Keeping Appointments	☐	☐	☐	☐	☐
Learning	☐	☐	☐	☐	☐
Lifting	☐	☐	☐	☐	☐
Managing External Distractions	☐	☐	☐	☐	☐
Managing Internal Distractions	☐	☐	☐	☐	☐
Manual Tasks	☐	☐	☐	☐	☐
Memory	☐	☐	☐	☐	☐
Organization	☐	☐	☐	☐	☐
Regular Attendance	☐	☐	☐	☐	☐
Seeing	☐	☐	☐	☐	☐
Life Activity	**Negligible**	**Moderate**	**Substantial**	**Don't Know**	**N/A**
Self Care	☐	☐	☐	☐	☐
Sitting	☐	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐	☐
Social Interactions	☐	☐	☐	☐	☐
Speaking	☐	☐	☐	☐	☐
Stamina	☐	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐	☐
Studying	☐	☐	☐	☐	☐

Taking Notes	☐	☐	☐	☐	☐
Taking Tests	☐	☐	☐	☐	☐
Thinking	☐	☐	☐	☐	☐
Walking	☐	☐	☐	☐	☐
Writing	☐	☐	☐	☐	☐
Other:____________________	☐	☐	☐	☐	☐

Specifically describe to what extent the impairment impacts the student's ability to function academically and in a college environment addressing any items endorsed on the previous page:
Click or tap here to enter text.

If applicable, list any medications currently prescribed and how they have an impact on the student's learning. Please also include any side effects and impact on academic performance:
Click or tap here to enter text.

Is this student currently receiving therapy or counseling? ☐Yes ☐No ☐Not Sure

Please indicate specific recommendations regarding academic accommodations for this student and a rationale as to why these accommodations/adjustments/services are warranted based on the student's functional limitations. Indicate why the accommodations are necessary.
Click or tap here to enter text.

If current treatments (e.g., medication, therapy) are successful, please state the reason that the above academic adjustments, auxiliary aids, and/or services are necessary.
Click or tap here to enter text.

Is the student able, with reasonable accommodations, to take a full course load of 12 college credits?

☐ Yes ☐No (Please explain below)

Click or tap here to enter text.

This student's diagnosis is significant enough to severely impair his/her ability to learn and express that learning within a college environment.

☐ I Agree with this statement ☐ I Disagree with this statement

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Healthcare Professional Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

Healthcare Professional Name (Print): Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. Fax Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Name of Person Completing Form: Click or tap here to enter text. Date: Click or tap here to enter text.

Professional of Affiliation/Title: Click or tap here to enter text.

Important: After documentation is reviewed, OAS will send an email notification to the student's HPU email account acknowledging receipt of documentation and eligibility status.