



## Disability Resource Center Supplemental Documentation Form

The Disability Resource Center (DRC) at Portland State University collaborates with and empowers students with disabilities by working together proactively to determine reasonable accommodations. As part of the interactive process, the DRC may need documentation from students requesting reasonable accommodations.

The form below has been created as a courtesy for the Qualified Professional\* to fill out. If preferred, the questions listed below could be addressed in a signed letter submitted on letterhead. Our documentation guidelines can also be downloaded from the DRC website if you have further questions.

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### Student information:

Student's Name: \_\_\_\_\_ PSU ID#: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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### Information from the Qualified Professional\*:

Please provide information about the student's current diagnosis(es) or condition(s).

Date of diagnosis: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Is the diagnosis permanent? If not, what is the expected duration?

If the student is currently undergoing treatment or taking medication, are there any expected side effects of said treatment or medication? If so, please describe.

Please provide information about symptoms that, when active, affect the student's activities.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Breathing              | <input type="checkbox"/> Fine Motor Control                                | <input type="checkbox"/> Memory                                       |
| <input type="checkbox"/> Speaking               | <input type="checkbox"/> Handwriting                                       | <input type="checkbox"/> Interacting with Others                      |
| <input type="checkbox"/> Seeing                 | <input type="checkbox"/> Lifting   | <input type="checkbox"/> Activities of Daily Living                   |
| <input type="checkbox"/> Hearing                | <input type="checkbox"/> Walking/Climbing Stairs                           | <input type="checkbox"/> Managing Anxiety/Stress                      |
| <input type="checkbox"/> Sleeping               | <input type="checkbox"/> Standing  | <input type="checkbox"/> Managing Distractions<br>(Internal/External) |
| <input type="checkbox"/> Eating                 | <input type="checkbox"/> Sitting   | <input type="checkbox"/> Other:                                       |
| <input type="checkbox"/> Reading                | <input type="checkbox"/> Functioning of a Major Body<br>Organ or Operation |   |
| <input type="checkbox"/> Learning               | <input type="checkbox"/> Fatigue   |   |
| <input type="checkbox"/> Thinking/Concentrating | <input type="checkbox"/> Expressive/Receptive Skills                       |   |

If you have any suggestions for accommodations or auxiliary aids, please include that information.

Additional information that may be helpful:

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I am the Qualified Professional\* responsible for determining the diagnosis and/or treating the student. The information provided is an accurate description of their diagnosis and functional limitations.

Date: \_\_\_\_\_

Signature of Qualified Professional\*: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Field of Practice: \_\_\_\_\_

License, Certification, or Credential: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

\*Qualified Professionals must have knowledge or expertise in the differential diagnosis of the documented disability(ies) or condition(s) and follow established practices in the field.

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