

STUDENT ACCESS SERVICES (SAS) DOCUMENTATION GUIDELINES

Documentation from a qualified healthcare professional helps us understand the barriers a student faces due to their disability. This information, combined with the student's personal narrative, allows us to determine reasonable, appropriate accommodations.

Note: These requirements apply specifically to Wenatchee Valley College (WVC) and may differ at other schools or testing centers.

Accepted Forms of Documentation

We accept a variety of documentation types, including any combination of:

- **A letter from the healthcare/professional provider.** This letter should not just state a diagnosis. See the “*What Should Documentation Include*” section for more details or the bottom of page 2 for an example.
- **Office visit summaries** such as ER discharge papers.
- **Neuropsychological or psychological evaluations.**
- **Assessment results** from counselors, school psychologists, or similar professionals.

What Should Documentation Include?

We typically look for all the following details. You may provide multiple documents if one does not cover all areas.

- **How Disability Was Determined:** What the disability/health condition is and how it was diagnosed (test used, DSM codes, scores, etc.).
- **Current Symptoms and Impact:** How the disability specifically affects the student, beyond general symptom descriptions.
- **Barriers in the Educational Setting:** The barriers present in the educational environment (not just personal barriers).
- **Expected Progression:** Is the condition permanent or temporary?
 - *Temporary conditions:* Include expected duration and timeline for reevaluation.
 - *Permanent conditions:* Indicate if it is continuous or episodic. If episodic provide details on triggers, duration of episodes, recovery time, or other relevant information.

Required Provider Information

All documentation **must include** the provider's:

- Contact information
- **License number**
- Signature or electronic signature

Missing Information

May cause delays in processing your request for accommodations.

Why Do We Ask for Documentation?

- **Eligibility:** Confirms a student has a disability and qualifies for legal protections.
- **Understanding the Impact:** Provides details about how the disability affects the student's daily life and learning.
- **Developing Accommodations:** Helps us determine reasonable accommodations to ensure equal access to WVC's programs and services.

What About My IEP, 504 Plan, or K-12 Summary of Performance?

You may submit these documents, but they often lack key details such as diagnostic criteria or current symptoms. Additional documentation may be needed to meet our requirements (see What Should Documentation Include?).

What If I Don't Have Documentation?

That's okay. Share what you have on your registration form and let us know if documentation is a barrier for you. We can discuss your situation and explore options.

How To Submit Documentation

- **Upload** with your registration form or use the link in your confirmation email
- **Email** it to sas@wvc.edu
- **Drop it off:**
 - Wenatchee Campus: Student Access Services (SAS) office (Wenatchi Hall)
 - Omak Campus: Administration building (ask them to send it to Student Access Services)

Example Healthcare Provider Letter

[Date]

Patient Name:

DOB:

It is my professional opinion that [patient] may benefit from academic accommodations, based on the diagnosis(es) of [diagnoses and corresponding codes, if relevant]. [Patient] has been in my care since [date/duration] and was diagnosed by [diagnosing professional/self-report] on [date] using [criteria]. The prognosis of [disability/diagnosis] is [episodic/continuous, permanent/temporary (if temp: please provide timeline for re-evaluation)] and their symptoms include [list symptoms]. These symptoms impact [Patient] in the following ways: [provide examples of impact for this specific person]. The current plan of care includes [medication, therapy, or any other plan of care].

Sincerely,

[Full Name, Credentials, & License #]

[Contact Information]

[Name & Location of practice]