PAUL MITCHELL The School DELAWARE

Disability Services: Documentation Criteria

The Future Professional is required to provide documentation that demonstrates credible assurance of a disability issue. The documentation should directly support the Future Professional's request for accommodations. The documentation must be from a medical provider (such as a doctor, psychologist, psychiatrist, etc.) or from testing services (such as Wechsler Adult Intelligence Scale and other tests).

The documentation must state the specific disability and show cause for why a Future Professional's disability significantly limits their ability to complete their educational goals at the School. The documentation should include a summary of the Future Professional's functional limitations in order for the School to determine the appropriate accommodations. The documentation submitted must be current and reflect a date within the past twelve months; if the document is older than twelve months, the Future Professional must provide current documentation from an appropriate professional. The documentation is kept on file in the ADA Coordinator's Office for verification purposes.

For verification purposes, the documentation should be typed with the appropriate official signature and contact information for the associated facility (official letterhead is preferred). We do not accept documentation that is handwritten or submitted on a prescription note. These documents are scanned into a protected part of your permanent record and therefore, must be legible and clear.

Documentation can be submitted to the ADA Coordinator by email trina@delaware.paulmitchell.edu or by hand delivery to the ADA Coordinator at the school.

The School will not provide accommodations until the proper documentation is provided and reviewed.

Once documentation is received, it will be reviewed. If the documentation provided does not meet the School's requirements, it will not be accepted as the official documentation. Future Professionals will receive notice and will be asked to provide alternative supporting documentation. The ADA Coordinator may reach out to the treating provider for clarification during the interactive process. The documentation is kept on file in the ADA Coordinator's Office for verification purposes. Future Professionals requesting additional accommodations after their initial approval may be asked to provide additional documentation.

You can submit your documentation to the ADA Coordinator via email or hand delivery.

Email: trina@delaware.paulmitchell.edu

If you have further questions, please contact Trina Carter at 302-832-8418

Thank you,

Paul Mitchell The School - Delaware

FUTURE PROFESSIONAL INFORMATION
(to be completed by Future Professional)

First Name:_____ Last Name:_____

Status (check one): ☐ Currently Enrolled ☐ Transfer ☐ Prospective Future Professional

Phone: (_____) _____-_____ Email:_____

I authorize the following individual or organization to release the information included in this document to the ADA Compliance Coordinator at Paul Mitchell The School - Delaware:

Name/Title:_____ Phone: (_____) _____-_____

Address:_____ City:_____ State:_____ Zip:_____

Future Professional Signature:_____ Date:_____

DIAGNOSTIC INFORMATION
(to be completed by medical practioner/specialist)

❶ Please specify the specific diagnosis/disability. For psychological disabilities, please indicate both the name of the diagnosis and the diagnostic taxonomy that was used.

_____

_____

_____

Diagnostic taxonomy used: ☐ DSM (IV-TR or 5) ☐ ICD (9 or 10)

If applicable, please rate the level of severity of the Future Professional's diagnosis:

☐ Mild ☐ Moderate ☐ Severe

Duration of condition: ☐ Permanent ☐ Temporary (specify length of time): _____

❷ How did you arrive at your diagnosis? Please check all relevant items below. If applicable, please attach the diagnostic reports and/or test results administered to determine diagnosis.

☐ Behavioral Observation/Development History

☐ Medical History

☐ Rating Scales (e.g., CAARS, Brown ADD Scales for Adults)

☐ Structured/Unstructured Future Professional Interviews

☐ Neuro-Psychological Testing, Date(s) of Testing

_____

☐ Psycho-Educational Testing, Date(s) of Testing

_____

☐ Other (please specify):_____

❸ Please indicate the level of impact the Future Professional's disability may have in limiting the following major life activities:

Life Activity	No Impact	Negligible Impact	Moderate Impact	Substantial Impact	N/A
Attending class regularly					
Caring for oneself					
Communicating					
Concentrating					
Hearing					
Interacting with others					
Interacting socially					
Learning					
Making/keeping appointments					
Managing distractions					
Managing stress					
Meeting deadlines					
Memorizing					
Organization					
Performing manual tasks					
Reading					
Seeing					
Sleeping					
Thinking					
Writing					
Other: _____					
Other: _____					
Other: _____					

❹ For the major life activities checked on the previous page, please provide an explanation of the functional impact of the limitation in an academic setting.

❺ If applicable, please describe the relevant history of remediation (e.g., current medications, side effects of medications, other treatment plans and their effectiveness).

❻ Please list any recommendations for accommodations you have for this Future Professional in an academic setting, if applicable. (Please note, recommendations will be considered in the interactive process; however, final decisions will be determined by School staff.)

❼ Please provide any additional information that you think would be useful to know in working with this Future Professional.

HEALTHCARE PROVIDER INFORMATION

I attest to the accuracy of the information contained in this document. Additionally, I understand that the information provided in this document will become a part of the Future Professional's record, subject to the Family Educational Rights and Privacy Act (FERPA) of 1974, and may be released to the Future Professional upon written request.

Provider Name (print): _____

Provider Signature:_____ Date: _____

Title: _____ License or Certification #:_____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____-_____ Fax: (_____) _____-_____

Please mail, email, or hand deliver this completed form to:

ADA Compliance Coordinator Trina Carter at Paul Mitchell The School - Delaware

1420 Pulaski Highway, Newark, DE 19702

Phone: (302) 832-8418 • Email: trina@delaware.paulmitchell.edu