



DIVISION OF DIVERSITY,
EQUITY & INCLUSION

ACCESSIBLE EDUCATIONAL SERVICES

Indianapolis

Documentation Guidelines for Title IX Accommodations

Purpose of this memo

Your patient has self-identified to Accessible Educational Services at Indiana University – Indianapolis (IUI) as a person experiencing pregnancy, childbirth, termination of pregnancy, lactation, related medical conditions, or recovery from these conditions covered by Title IX of the Education Amendments Act of 1972.

If, at the time you are providing this documentation, your patient is not experiencing complications or increased risk factors all we require is confirmation of the pregnancy and a due date. If your patient is experiencing complications, additional risk factors, or seeking accommodations for termination of pregnancy, lactation, related medical conditions, or recovery from these conditions, please provide documentation that addresses the guidelines outlined below.

Credentials

1. This letter must be submitted on letterhead which includes your credentials as a medical/psychological professional.

NOTE: Documentation written by a student's family member will not be accepted because of professional and ethical considerations.

2. Please identify your area of specialty.

Diagnostic Statement

1. Please provide a specific diagnosis (or diagnoses) of the student's condition. Note that a diagnosis does not automatically warrant approval of requested accommodations.
2. Please include any relevant information about steps that were taken to determine this diagnosis (i.e., medical examinations, assessment instruments, etc.)
3. Please indicate the date of diagnosis.
4. Please indicate how long you have been treating this student.

Functional Limitations

1. Based upon this student's condition, please describe any functional limitations they have in performing a major life activity. A current functional limitation is a substantial impairment in an individual's ability to function with respect to the condition, manner, or duration of a required major life activity. Examples of a major life activity are as follows: walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself and performing manual tasks.
2. If the student is taking medication for this condition, how might this medication impact the student? Please include information about the medications the student is taking.

Recommendations and Rationale

1. Please provide a rationale for each recommended accommodation based upon diagnostic reasoning.
2. If there is any other information that you believe would be helpful in assisting this student, please provide this information.

*These guidelines are based upon the documentation requirements issued by the Educational Testing Services (www.ets.org) and Association for Higher Education and Disability (www.ahead.org).