**CHESTNUT HILL COLLEGE**

**CENTER FOR ACCESSIBILITY AND LEARNING SERVICES**

**Statement of Disability**

Please provide the information described below on **your letterhead.** Please type all responses.

In order to complete this statement, you should meet one of the following criteria:

* 1. licensed psychologist and/or state certified school psychologist
	2. licensed neuropsychologist
	3. licensed psychiatrist or physician

 d. licensed mental health professional

 e. licensed health care professional

 f. other relatively trained professional.

**Statement of Disability: Directions to Professionals**

This student is requesting accommodations at Chestnut Hill College in order to help them better access the campus and academic content. To be covered under the ADA, an individual must be a “qualified individual with a disability.” In order to be “qualified,” the individual must be capable, with or without reasonable accommodation, of performing the essential functions of their job.

Please include the below information and answer the questions listed as completely as possible. When complete, return to the indicated address:

* Print your professional name and title.
* How long have you known this student?
* State the Diagnosis and initial Date of Diagnosis.
* List Current Medications (if applicable).
1. Does the student have a physical or mental impairment that substantially limits one or more \*major life activities? OR
2. Does the student have a record of such impairment?  OR
3. Is the student regarded as having such impairment?
4. What is the disability or disabilities?
5. What are the functional limitations resulting from the disability or disabilities?
6. How does this physical or mental impairment substantially limit one or more major life activities?  Please be specific.
7. List all Accommodations or Measures that should be put into place at the post-secondary level in order to help this student access the college curriculum (Recommended accommodations must be clearly linked to the evaluative information).
8. Is there additional information you would like to provide on this student?
9. Sign the Statement with your signature, title, any licensing information, and date.

\*Designated Major Life Activities

In conjunction with the broadening of what constitutes a disability, the ADAAA adds a non-exhaustive list of “major life activities.” The list is expansive and includes, but is not limited to, the activities of “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.” The Act also provides that a major life activity includes the operation of a “major bodily function.” The new law expressly includes the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions as major bodily functions. The list is not exhaustive. Any of these bodily functions and possibly others, if substantially limited, will bring an individual within coverage of the law.

Once the Statement of Disability is complete, please return it immediately to:

**Saundra M.  Freedman, M.Ed.**

**Interim Director Center for Accessibility and Learning Services (CALS)**

**Chestnut Hill College**

**St. Joseph Hall**

**9601 Germantown Avenue**

**Philadelphia, PA 19118**

**freedmans@chc.edu**

Phone: 215-242-7738

Fax: 215-242-7748