

RCPD encourages online submission of this information at myprofile.rcpd.msu.edu. Use of this print form is reserved for those without an MSU NetID.

Disability/Reasonable Accommodations Forms
Michigan State University
EMPLOYEE INFORMATION

(PLEASE PRINT)

Last Name	First Name	M.I.
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Employee I.D. (ZPID): _____ Gender: M F

MSU NetID: _____ (@msu.edu)

Job Title: _____

Department/Unit Name: _____

Campus Address: _____

Campus Telephone: () _____

Permanent Address: _____

Permanent Telephone: () _____

Condition(s) (check all that apply):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Visual | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Learning Disability (LD/ADHD) | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Chronic Health | | |
| <input type="checkbox"/> Other | _____ | |

Employment Affiliation:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Academic (faculty, specialist, librarian) | <input type="checkbox"/> APA |
| <input type="checkbox"/> APSA | <input type="checkbox"/> CTU |
| <input type="checkbox"/> Nurses | <input type="checkbox"/> 1585 |
| <input type="checkbox"/> 999 | <input type="checkbox"/> Off Campus |
| <input type="checkbox"/> Teaching Assistant | <input type="checkbox"/> Other _____ |

Name of Supervisor/Unit Administrator:

Campus Address: _____

Campus Telephone: _____

MSU Net ID: _____ (@msu.edu)

I have an open case with the following Vocational Rehabilitation agency:

Michigan Rehabilitation Service

Contact Person: _____ Phone: (_____) _____

City: _____ Email: _____

Michigan Commission for the Blind

Contact Person: _____ Phone: (_____) _____

City: _____ Email: _____

Other Agency _____

Contact Person: _____ Phone: (_____) _____

City/State: _____ Email: _____

How did you learn about RCPD (check all that apply)?

RCPD website Supervisor/Unit Administrator

Union Representative Human Resources

Ombudsperson University Physician's Office

Office for Inclusion and Intercultural Initiatives, and ADA Coordinator

Other _____

Checking these boxes limits your knowledge of RCPD opportunities and activities:

I do not wish to receive paper mailings from RCPD.

I do not wish to receive emailings from RCPD.

I have read and understand the terms stated in the Disability/Reasonable Accommodations Policy.

(Employee signature)

(Date)

For RCPD Use Only:

Date

Received: _____

MSU is an affirmative-action, equal-opportunity employer.

Disability/Reasonable Accommodations Forms
Michigan State University
**MEDICAL PHYSICAL and/or SENSORY DISABILITY
DOCUMENTATION/VERIFICATION**

This form is for physical or sensory conditions only. Psychiatric or psychological conditions require completion of the PSYCHIATRIC/PSYCHOLOGICAL DOCUMENTATION form.

PLEASE REVIEW CAREFULLY

The employee named below has applied for accommodations from Michigan State University. Employees seeking accommodations must provide appropriate medical documentation of their condition so that the University can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

Documentation required to verify the employee's condition and its severity, includes completion of this form or provision of equivalent information to the Resource Center for Persons with Disabilities (RCPD) by a medical professional with the appropriate training and credentials. Any professional completing this form must have first-hand knowledge of the employee's condition, experience in working with employees with the stated condition(s) and a familiarity with the physical, emotional and cognitive demands experienced by employees in a work setting. Diagnoses by family members are unacceptable.

Employee: Complete this section.

Last Name	First Name	M.I.
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Employee I.D. (ZPID): _____

Certifying Professional: Complete this section including the back of this sheet

Today's Date: _____

Printed Name: _____

Signature: _____

Signature denotes: content accuracy, adherence to professional standards and guidelines as stated above.

License Type: _____

License Number: _____ State _____ Exp Date _____

Mailing Address: _____

City/State/Zip: _____

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

Disability/Reasonable Accommodations Forms
Michigan State University
**PSYCHIATRIC/PSYCHOLOGICAL DISABILITY
DOCUMENTATION**

PLEASE REVIEW CAREFULLY

The individual named below has applied for services from the Resource Center for Persons with Disabilities (RCPD) at Michigan State University. Michigan State University provides academic and workplace services and accommodations to individuals with psychiatric/psychological disabilities. Individuals seeking services must provide appropriate medical documentation of their condition so that RCPD can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Documentation required to verify the condition and severity, includes completion of this form or provision of equivalent information to the RCPD by a medical professional with appropriate training and credentials.

Depending on the condition, the appropriate professional should be a licensed psychiatrist, psychologist, neurophysiologist, or other qualified and licensed mental health professional. Any professional completing this form must have first-hand knowledge of the condition, experience in working with students and employees with psychiatric/ psychological conditions and a familiarity with the physical, emotional and cognitive demands experienced by students and employees in an academic setting. Diagnoses of psychiatric/psychological disabilities documented by family members are unacceptable. For additional information regarding documentation guidelines, refer to the **Educational Testing Services (ETS)** guidelines at www.ets.org or www.eeoc.gov.

<p>Attention: Please send all completed forms to the Resource Center for Persons with Disabilities (RCPD). Fax: 517/432-3191. 120 Bessey Hall, East Lansing, MI, 48824-1033. Telephone: 517/353-9642.</p>
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Client's last appointment: (check one)

- <month <1 yr >1 yr

Appointment frequency: (check one)

- weekly monthly annually as needed

Expected duration of primary condition: (check one)

- permanent temporary

How long do you anticipate that the client's academic or workplace achievement will be impacted by the primary condition? (check one)

- <6 mos <1 yr >1 yr

Prognosis?

Diagnostic Tools

In addition to DSM criteria, how did you arrive at your diagnosis/diagnoses?
Please check any relevant items below.

- Interviews with the client
- Interviews with other persons
- Behavioral observations
- Developmental history
- Medical history
- Neuro-psychological testing
- Psycho-educational testing
- Self rated or interviewer rated scales
- Other

Medication and Prescribed Aids

1. What medication and prescribed aids are currently being used in the treatment of the diagnosis/diagnoses above?

2. Is the client compliant with medication and prescribed aids as part of the treatment plan? If no, please explain.

3. Describe any medication side-effects that may adversely affect the client's academic or workplace performance.

4. Describe any other relevant aspects of this condition that may impact educational, workplace or interpersonal behavior and achievement.

5. From your medical perspective, describe possible accommodations that could facilitate academic or workplace performance.

Major Life Activity

For each major life activity listed, denote the level of impact for **both without and with** medication and prescribed aids.

Life Activity		No Impact	Moderate Impact	Substantial Impact	Don't Know
A. Concentration	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Long term memory	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Short term memory	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sleeping	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Eating	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Social interactions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Self-care	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Managing internal distractions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Managing external distractions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Time management	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Motivation	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Stress management	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Organization	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Other (explain)	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Other (explain)	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Disability/Reasonable Accommodations Forms
Michigan State University
EMPLOYEE ACCOMMODATION REQUEST FORM

EMPLOYEE: This form is for one accommodation request. Use multiple sheets for multiple requests. Please complete both sides of this form.

Employee's Name _____
Employee I.D. (ZPID #): _____
Name of Supervisor/Unit Administrator: _____
Today's Date: _____

1. State the difficulty you are having in completing your job duties. If you are a new employee, state the anticipated difficulty in completing your job duties. Please be specific regarding the job duties you are having difficulty performing.

2. What medical condition prohibits you from completing these job duties?

3. From your perspective, list the most effective accommodation that would facilitate your performance of the job duties stated in Question 1 above. If this is a product, please provide the following information if known: product name, vendor name, vendor contact information and price.

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