

## Acquired Brain Injury Documentation Instructions and Documentation Submission Form

### Student Instructions:

1. Students must submit medical documentation of Acquired Brain Injury from a qualified provider (medical doctor or psychiatrist) to the Access & Accommodations Center (AACE). You may do so by having your qualified provider complete this form or by submitting a letter from a qualified provider that includes all of the information requested in this form. Letters from qualified providers must be on letterhead from the provider's practice and must include the provider's signature and credentials.
2. Documentation of Acquired Brain Injury must be **current**. Impairments following an acquired brain injury may change rapidly in the weeks and months after the injury. Because a stable picture of residual weaknesses may not be apparent for 1-2 years after an injury, the documentation submitted to AACE should reflect data collected within 1 month of the time of the request to AACE for accommodations. Less recent documentation may be submitted for review, but may not be accepted if it fails to adequately indicate current functioning.
3. Students should submit the required medical documentation **prior to the initial meeting with AACE** if possible since appropriate accommodations are discussed at that time.
4. How often medical documentation must be updated will be determined by AACE based on the student's individual situation.
5. Documentation may be submitted through the AIM portal at <https://access.gsu.edu/>

### To be Completed by Student:

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ GSU ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Status (Check One):  Current Student  Transfer Student  Prospective Student

**To be Completed by Provider:**

To establish eligibility for accommodations under the ADA, students must submit current and comprehensive medical documentation from a qualified provider for any diagnosis of a disability. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

1. Please provide the date or period of time of the brain injury, as well as the nature of the neurological illness or traumatic event that resulted in the brain injury.

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2. If a DSM-5 diagnosis is appropriate, please complete the following:

Primary  
Diagnosis: \_\_\_\_\_

DSM-5 Code: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Secondary  
Diagnosis: \_\_\_\_\_

DSM-5 Code: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

3. Please provide the diagnostic criteria and methodology used to diagnose the condition.

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4. Is it expected that the patient's functioning and/or severity of the impact of the injury will change over time?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain the anticipated progression.

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5. Please explain the student's current functional limitations using **appropriate, objective measures relevant to the academic environment (e.g., cognitive and academic skills, psychosocial-emotional functioning, and/or sensory abilities)**. **Attach additional documentation to fully document the limitations as appropriate.**

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6. Please provide recommendations to address the indicated functional limitations.

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7. Please attach any psychological and/or educational reports that support the functional impact of the brain injury on this individual.

8. Please complete the following information:

Provider Name: \_\_\_\_\_

Title: \_\_\_\_\_

License #: \_\_\_\_\_

Practice Name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Provider Signature (**Wet Signature Required**): \_\_\_\_\_

Date of Signature: \_\_\_\_\_