



**Services for Students with Disabilities
UU119**

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Binghamton, New York 13902-6000
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Email: ssd@binghamton.edu

Students with documented long-term or permanent disabilities or serious medical conditions may qualify for equal access accommodations. In lieu of documentation of diagnostic testing, students may submit this form in order to establish eligibility with an Autism diagnosis.

This form must be submitted by a professional who is licensed or certified in the area for which the diagnosis is made. Name, title, and license or certification credentials must be stated in the documentation, dated, signed and specifically addressed to SSD. Forms completed by relatives will not be accepted.

Forms may be completed electronically, but must include either an

6. How was the diagnosis of Autism determined and when? Please indicate if testing was a comprehensive psychological evaluation, ADOS-II, or derived in any other means.

7. Please describe the functional impact experienced by the student in relation to their Autism diagnosis as it pertains to an _____ (e.g., impact on studying, test taking, note-taking).
