



DONALD AND BARBARA  
ZUCKER SCHOOL of MEDICINE  
AT HOFSTRA/NORTHWELL

### **Accommodations Application Checklist**

- Self-Disclosure Form completed

#### Documentation:

- Clearly states diagnosis.
- Is recent (within last three years or last one year for hearing impairment that is not static).
- Establishes clear evidence of substantial impact on one or more major life activities.
- Includes a description of the onset of diagnosis, frequency, duration, treatment, and prognosis of symptoms.
- Describes diagnostic methods used.
- Is on letterhead, dated, and signed by a qualified licensed professional.
- Makes specific recommendations as to which accommodations are being requested and why.
- Historical documents such as proof of IEP/504 plan, accommodations approval letter on MCAT/SAT/ACT, proof of accommodations from undergraduate education included (if this is the first time student is receiving accommodations, rationale of why now.)

### **Disability-Specific Required Documentation**

#### Learning Disability:

- Psychoeducational, psychological, or neuropsychological evaluation.
- List of current treatments.

#### ADHD:

- Evaluation includes assessment data from all tests, behavior rating scales, self-report checklists, and other measures administered.
- List of current treatments.

#### Visual Impairments:

- Evaluation is by a qualified vision professional, which includes current symptoms, treatments, and prognosis of diagnosis.



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#### Hearing Impairments:

- Evaluation is by a qualified professional (audiologist or otolaryngologist), which includes current symptoms, treatments, and prognosis of diagnosis.
- A copy of most recent audiogram or audiometric study (within one year if hearing loss is changing, may be older than one year if hearing loss is static).

#### Psychiatric Disorders:

- Psychiatric or psychological evaluation by a qualified professional, which includes assessment data and findings from all diagnostic tests and rating scales administered.
- List of current treatments.

#### Increased risk for severe illness from COVID-19:

- A letter from treating physician that describes functional limitations that impair ability to participate fully in the educational program as a consequence of increased risk for severe illness from COVID-19, based on the [CDC guidelines](#).