BUTLER UNIVERSITY
STUDENT DISABILITY SERVICES
4600 Sunset Avenue | Indianapolis, Indiana 46208 | 317-940-9308 | Fax: 317-940-9036 | www.butler.edu

Documentation Guidelines for Psychological Disabilities

Documentation should state a diagnosis and the functional limitations of the disability within an educational setting. Typically, it should be printed or typed on official letterhead or on an SDS documentation form, and be completed and signed by an evaluator qualified to make the diagnosis. Documentation from family members, even if qualified professionals, cannot be accepted.

The following is a guideline, if needed, for submitting documentation to establish eligibility for accommodations and support services through SDS. Other forms of documentation are often accepted. Students who currently hold documentation are encouraged to contact SDS for a brief discussion as to whether or not additional documentation is needed.

Please answer the following questions relative to this student's diagnosis of a Psychological Disability.

Student's name: ____DOB:_____________________

1. Diagnosis (DSM5 or ICD):
   ____
   ____
   ____

   Level of severity (circle one): Mild Moderate Severe

   Date of initial diagnosis ___________________ Date of last contact with student ________________

   How often do you meet with this student? ____

2. Does this condition substantially limit the student's ability to function on campus?
   Yes ______ No_______

   Describe the functional limitations and/or behavioral manifestations (e.g., easily distracted, poor concentration, difficulty focusing for extended period of time, difficulty formulating and executing plan of action, difficulty overcoming unexpected obstacles, panic in unfamiliar surroundings and situation, etc.) and recommendations you might wish to suggest:

Functional Limitations/Behavior:	Recommendations:
______________________________	____
______________________________	____
______________________________	____
______________________________	____

(OVER)

3. Was medication prescribed? ____
   Amount and frequency of administration: ____
   Frequency of monitoring: ____
   Response to medication: ____

4. Please provide any additional information relevant to the student's level of functioning within the university setting. This could include co-morbid diagnoses.
   ____
   ____
   ____

CERTIFYING LICENSE PHYSICIAN, PSYCHIATRIST, OR CLINICAL PSYCHOLOGIST LICENSE # ____

Signature: ____

Printed name and title: ____

Address:

____

____

Daytime telephone number: ____

Date: ____

Return this information marked confidential to:
Student Disability Services
Jordan Hall 136
Butler University
Indianapolis, IN 46208
Email: sds@butler.edu (email account that can be accessed only by SDS staff members)
Fax: 317-940-9036 (located directly within the SDS office suite)

Available in alternative format upon request.