

### Documentation Guidelines for Medical or Physical 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.

**Documentation should be completed and signed by an evaluator qualified to make the diagnosis and with whom the student has a personal medical relationship.** Documentation from family members, even if qualified professionals, cannot be accepted.

The following is a guideline 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 additional documentation is needed.

Please answer the following questions relative to this student's diagnosis of a medical or physical disability.

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Diagnosis (DSM5-TR or ICD code):

\_\_\_\_\_  
\_\_\_\_\_

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. Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits one or more major life activities**. Does this condition substantially limit the student's ability to function on campus?

Yes     No

If yes, please describe the functional limitations the student experiences as a result of their disability and recommendations you might wish to suggest:

Functional Limitations/Behavior:	Recommendations:
_____	_____
_____	_____
_____	_____
_____	_____

3. Are the functional limitations/behaviors listed above chronic or acute? \_\_\_\_\_

If acute, for how long are these functional limitations/behaviors expected? \_\_\_\_\_

How often are the functional limitations/behaviors listed above experienced? \_\_\_\_\_

4. Was medication prescribed? If so, please specify: \_\_\_\_\_

Amount and frequency of administration: \_\_\_\_\_

Frequency of monitoring: \_\_\_\_\_

Response to medication: \_\_\_\_\_

5. Please provide any additional information relevant to the student's level of functioning within the university setting. This could include co-morbid diagnoses. If a co-morbid diagnosis substantially limits one or more major life activities, additional documentation may be needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Professional's Signature: \_\_\_\_\_

Professional's Name (Printed): \_\_\_\_\_

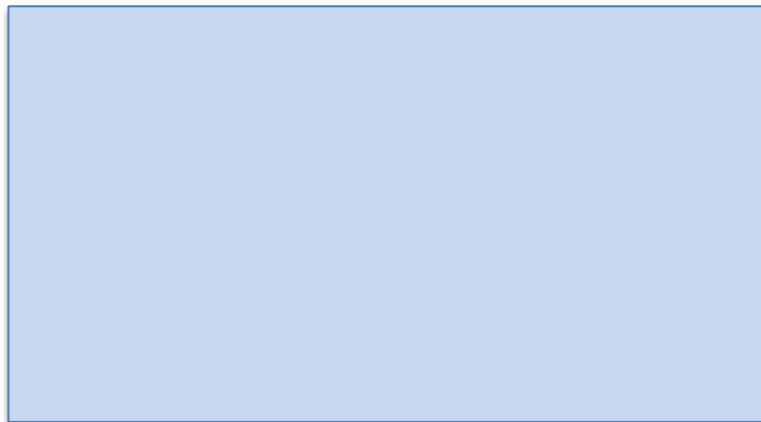
Professional's Address: \_\_\_\_\_

Professional's Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Please attach your business card in the space below (either scanned or physical).**



Return this information marked confidential to:  
Student Disability Services, Jordan Hall 136  
Butler University  
Indianapolis, IN 46208

Email: [sds@butler.edu](mailto: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.***