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, 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 Medical or Physical Disability.

Student’s Name: ________________________________________________________________

1. Medical 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 ______
   Please describe the functional limitations and recommendations you might wish to suggest:
   Functional Limitation: _____________________________ 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 this student’s level of functioning within the university setting. This could include co-morbid diagnoses.
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

CERTIFYING LICENSED CLINICIAN # _____________________________________________

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
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.