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: _________________________________________________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_______

   Please describe the functional limitations 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 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

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.