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.