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)