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: _____________________________________________________________________

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, panics in unfamiliar surroundings and situations, 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 LICENSED 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
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.