Lake Superior State University
Office of Accessibility Services
Disability Documentation Form 2018-19

1. Name: ______________________________________ Birthdate: __________
(First) (Middle) (Last)

2. Diagnosis/Diagnoses: (Please include the DSM or ICD Codes)

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3. Date of Diagnosis/Diagnoses: ____

4. Check Any Diagnostic Tools Used: **(Attach Relevant Assessment Results to this Form)**

- ☐ Interview with the individual
- ☐ Self Rated Scales
- ☐ Interviewer Scales
- ☐ Observations of Behavior
- ☐ Other ___________________________
- ☐ Psycho-educational testing
- ☐ Neuropsychological testing
- ☐ IEP or 504 Plan
- ☐ Developmental History

5. Describe functional limitations and/or behavioral manifestations (i.e. limited mobility, challenges associated with reading/writing/mathematical computations, difficulty understanding verbal directions, issues with memory or concentration, issues related to pain management, difficulty moderating mood, inability to tolerate certain stimuli, etc.)

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6. Please recommend educational accommodations (i.e. extended test time, distraction reduced testing environment, priority/reserved seating, tests read aloud, etc.).

Functional Limitations/ Behavioral Manifestations	Recommendations for Accommodations and Services
____________________	____
____________________	____
____________________	____
____________________	____

Double sided, please complete reverse side of form.

7. List any current treatment and/or prescribed aids utilized for the above listed diagnosis/diagnoses.

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8. Are there any special considerations? (i.e. side effects of medication)

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9. If applicable, what is the recommended re-evaluation time period? ______________

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10. Certifying Professional-Please Print and Sign Below.

____
Name, Title and Credentials

____
Signature Date

____
Agency Name

____
Agency Address

____
Agency Phone Agency Fax

Please Mail, Hand Deliver, Email or Fax

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For Office Use Only:

Date Received:	How Received:	Diagnosis/Diagnoses Documentation Complete?
_____/_____/_____ First Semester Registering w/OAS: Fall: ___________ Spring: _________ Summer: _________	❏ Mail ❏ Delivered ❏ Emailed ❏ Faxed	❏ Yes ❏ No If No, What Else Is Needed: ______________________________ Date/How Additional Documentation Received: ______________________________