

Office of Disability Resources and  
Services

### Disability Documentation Guidelines

This documentation guideline form is intended to assist CU Denver students in obtaining appropriate documentation regarding their disability. Documentation of the disability should clearly establish the student's legal disability status, describe the functional limitations of the disabilities in the post-secondary educational environment, and may speak to specific accommodation recommendations, such as eligibility for auxiliary aids and services to minimize the impact of the disability.

Documentation should be completed by an evaluator qualified to make the diagnosis and with whom the student has a professional medical relationship. Typically, documentation should be printed or typed on official letterhead or on this documentation form. Other forms of documentation, such as neuropsychological evaluations, are often accepted. Students who currently hold documentation may submit documentation directly to the Office of Disability Resources and Services. More information about how students can submit current documentation can be found on our website: [www.ucdenver.edu/disabilityresources](http://www.ucdenver.edu/disabilityresources).

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. DSM5-TR or ICD-10 Diagnosis(es) (Please include level of severity for each condition):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date first seen: \_\_\_\_\_ Date last seen: \_\_\_\_\_ Frequency of sessions? \_\_\_\_\_

2. Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits one or more major life activities**. Does this condition substantially limit the student's ability to function on campus?

Yes  No

If yes, please describe the functional limitations or the current impacts of the condition that the student experiences as a result of their disability, as well as any recommendations:

Functional Limitations:

Recommendations:

_____	_____
_____	_____
_____	_____
_____	_____

Are the functional limitations acute/temporary or chronic? \_\_\_\_\_

If acute, for how long are functional limitations expected? \_\_\_\_\_

How frequently does the student experience functional limitations? \_\_\_\_\_



3. On what basis did you determine that the student has a disability? Please indicate the assessment procedures, evaluation instruments, rating scales, and inventories used to make the diagnosis. Include test scores and results if applicable.

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4. What current treatment measures are in place? \_\_\_\_\_

Specific medication (if applicable): \_\_\_\_\_

Amount and frequency of administration: \_\_\_\_\_

Response to medication: \_\_\_\_\_

5. Please provide any additional information relevant to the student's level of functioning within the university setting, including but not limited to residential, dining, communal/social, parking, and extracurricular spaces.

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Licensed Professional's Signature: \_\_\_\_\_

Professional's Name (Printed): \_\_\_\_\_

Professional's Address: \_\_\_\_\_

Professional's Phone: \_\_\_\_\_

License #: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a copy of your business card below:**