SNU
1899
OFFICE OF DISABILITY SERVICES

Disability Diagnosis and Limitations

Please give this form to your attending Physician or Psychologist to fill out and sign.

DSM-V diagnosis; if applicable

Axis I: _____
Axis II:_____
Axis III:_____
Axis IV:_____
Axis V: _____

Diagnosis:_____

In addition to DSM-V criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate.

Structured/unstructured interviews	⬭	Medical history	⬭
Interviews with other persons	⬭	Neuro-psychology testing	⬭
Behavioral observations	⬭	Standardized/Unstandardized rating scales	⬭
Educational	⬭	Other_____	

Comments: _____

_____

How does this disabling condition negatively affect the student's learning or academic success in class?

_____

What specific accommodations would be helpful for this student to be successful?

_____

Patient/Student Name:

_____

Physician Signature: _____ **Date:** _____