

DISABILITY DOCUMENTATION FORM

(To be completed by a qualified medical doctor, psychiatrist, psychologist, counselor, or social worker)

Student Name: _____

(Please type or print neatly / use a separate paper if needed)

1. **What is the diagnosis?** _____
2. **Level of severity:** Mild _____ Moderate _____ Severe _____
3. **When was the diagnosis made?** _____
4. **When was your last contact with the above-named student?** _____
5. _____

tion, and how