Johns Hopkins University
Student Disability Services
Documentation Form

Please note: A clinician with relevant expertise and who is not related to the student should complete this form.

In order for us to provide disability-related services and accommodation, we need to establish that this individual has a physical or mental impairment that limits one or more of the major life activities, understand the impact of that disability in higher education settings, and determine reasonable accommodations and services that may assist in ameliorating these impacts. Complete documentation guidelines are available at: https://sds.jhu.edu/requesting-accommodations/documentation-guidelines/

Date: ____________________

____

Individual's Name

____

JHU School

Student Status:

☐ Undergraduate

☐ Graduate

☐ Medical

☐ Other: _________________

Diagnosis (if known)/Description of the Functional Impact (required)

1. Please state the condition/diagnosis:

2. How did you arrive at your diagnosis? Please check all relevant items below:

☐ Structured or Unstructured interview

☐ Interviews with others

☐ Behavioral Observations

☐ Medical tests

☐ Medical History

☐ Developmental History

3. Describe the relevant, current impact of the condition on the student in a higher education setting (academic, housing, dining, transportation, social, etc).

History and Prognosis (to the degree known)

Date condition was first diagnosed: ____

Date individual first seen for the condition: ____

Date most recently seen for this condition: ____

Expected duration of condition: ____

Anticipated return to work/school date: ____

The condition is:

☐ Stable ☐ Improving ☐ Worsening ☐ Variable ☐ Other:__________

The prognosis is:

☐ Poor ☐ Fair ☐ Good ☐ Improving ☐ Other:__________

How often is this individual seen?

☐ Weekly ☐ Monthly ☐ 3-6 months ☐ Yearly ☐ Other: __________

4. If the individual is currently taking medication that has side effects and any impact on functioning, please describe below. Do limitations/symptoms persist even with medications?

5. Please list any specific accommodations or services recommended to address the functional limitations identified.

6. Do you anticipate any changes in the individual's condition/treatment?

☐ No ☐ Yes Please explain.

7. Is the individual working with another physician or specialist to treat the condition(s)?

☐ No ☐ Yes Please explain and indicate who else if known.

8. Is there anything else you think we should know about the individual or their condition?

PLEASE TYPE OR PRINT CLEARLY

Name, Title

Date

Signature

License/Certification #

State

Address

Phone

Fax

Additional information can be submitted in a signed, typewritten letter on letterhead.

Documentation should be uploaded into the AIM database by the student after an initial application is submitted or provided to the SDS staff member at the respective school.

Edited October 2023