## 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: <a href="https://sds.jhu.edu/requesting-accommodations/documentation-guidelines/">https://sds.jhu.edu/requesting-accommodations/documentation-guidelines/</a>

Date:	Student Status:
	Undergraduate
	Graduate
Individual's Name	Medical
	Other:

JHU School

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

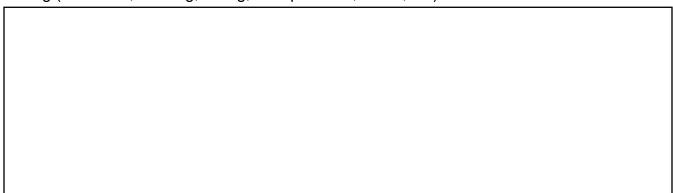
1. Please state the condition/diagnosis:

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

- Structured or Unstructured interview
- Medical tests

Interviews with others

- Medical History
- Behavioral Observations
  - 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:	Improving	U Worsening	Variable	☐ Other:	
	The prognosis is:	🗌 Fair	Good	Improving	☐ Other:	
4.		Monthly     currently taking	☐ 3-6 months medication that ha v. Do limitations/sy	s side effects and		
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?					

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.