

SDS Disability Documentation Requirements

Student Disability Services (SDS) is providing this information to assist University of Denver students in obtaining appropriate supporting documentation regarding their disability to submit in connection with a request for accommodations.

As set forth in the [SDS Documentation Policy](#), documentation must include the following elements: (1) a formal diagnosis of the student's disability(ies); (2) the functional limitations of the disabilities in the post-secondary education environment based on objective evidence; (3) the need for accommodations, which may include specific accommodation recommendations, such as eligibility for auxiliary aids and services to minimize the impact of the disability.

Documentation must be completed by an evaluator qualified to make the diagnosis and with whom the student has a professional medical relationship. Documentation must be printed or typed on the provider's official letterhead or on this documentation form. The treating provider's signature and license number must be included. For certain diagnoses, SDS may accept other forms of documentation, such as neuropsychological evaluations.

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 in the post-secondary educational environment?

☐

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 accommodation recommendations.

Functional Limitations:

Recommendations:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are the functional limitations chronic, acute, or temporary? _____

If acute or temporary, for how long are functional limitations expected? _____

How frequently does the student experience functional limitations? _____

3. Based on what objective evidence 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.

4. What current treatment measures are in place? _____

Describe medication (if applicable): _____

Response to medication: _____

5. Please provide any additional information relevant to the student's level of functioning within the post-secondary educational environment, including but not limited to:

Residential experience: _____

Dining: _____

Mobility: _____

Extracurriculars/Social: _____

Licensed Professional's Credentials:

Licensed Professional's Signature: _____

Professional's Name (Printed): _____

Professional's Address: _____

Professional's Phone: _____

Professional's Email Address: _____

License #: _____

Date: _____

Please return this form to the student or submit via email to sds@du.edu.
Students may submit documentation through the SDS Accommodate portal, via email, or in person.

This form is available in alternative formats upon request.