



DISABLED STUDENTS PROGRAM
 2120 STUDENT RESOURCE BUILDING
 Santa Barbara, CA 93106-3070

Phone: (805) 893-2668
 Fax: (805) 893-7127
<http://dsp.sa.ucsb.edu>

Name: _____ Perm # _____
 Telephone # _____ Email: _____

A student you are treating has notified the Disabled Students Program (DSP) of his/her treatment with you. DSP requires comprehensive documentation in order to determine if the condition rises to the level of disability, and, if so, determine appropriate academic support services. All information is kept confidential, and cannot be released without written consent from the student.

What is the specific diagnosis?

Overall Level of Severity <i>(check one)</i>	Mild	Moderate	Severe	Partial Remission	Residual State
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Were any specific assessments or evaluation procedures used to make the diagnosis? Please explain.

If appropriate, please provide any historical data used in making the diagnosis, including additional diagnoses, if applicable.

Please note significant symptoms impacting one or more life functions:

Symptom	Level of Significance		
	Moderate		Severe
_____	1	2	3
_____	1	2	3
_____	1	2	3
_____	1	2	3

Provide a list of medication(s), dosage, and side effects.

Provide an individual assessment of side effects of medication, if any.

What are the current limitations imposed by this disorder?

When did you last see this individual and what is the prognosis? Is the individual currently in treatment with you?

Diagnosing Professional _____ Date _____

Please Print Name _____

Please send your report to DSP at (805) 893-7127 FAX, or mail it to my attention at: University of California, Disabled Students Program, Santa Barbara, CA 93106-3070. Please call (805) 893-2668, if you have any questions or concerns.