



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>

Date:

Name: \_\_\_\_\_ Perm #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

One of your clients/patients has notified the Disabled Students Program (DSP) of his/her treatment with you, and that you have a diagnosis of a temporary condition. DSP requires more 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 of temporary condition**?

<b>Overall Level of Severity</b> <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.

Please note significant symptoms impacting one or more life functions.

**Please indicate a time frame for the duration of this (these) impact(s).**

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

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.