Rush University Student Disability Assessment Team
600 South Paulina Street, Suite 440
Chicago, Illinois 60612

Documentation for Physical/Sensory Disability

STUDENT:

Last Name:	**First:**	**MI**
Date of Birth:	**Phone:**	
Address:		

CERTIFYING MENTAL HEALTH PROFESSIONAL:

Name:	
Professional Title:	**Highest degree:**
Phone:	**E-mail:**
Address:	
Licensing credential, number and state:	

Report Date:	**Date of first student contact:**	**Date of last student contact:**

Diagnosis(es):

In your opinion, does any condition listed above *substantially limit a major life activity* and thereby rise to the level of disability? **Yes ☐** **No ☐** **Not sure ☐**

If yes, indicate which condition(s) with an asterisk above, and report here which major life activity(ies) is substantially limited.

Brief History: (*include onset of symptoms, progression to date, any trauma involved and any previous accommodations*):

PLEASE CONTINUE

Functional limitations (*describe degree of impairment – mild, moderate, severe – for each)*:

-Please include any relevant text data with this form, as well as any additional clinical comments on letterhead-

Suggested accommodation(s) in professional school (*Provide brief rationale for each suggestion):*

Is the course of this condition (or set of conditions) considered:
Permanent and relatively stable ___ Permanent and variable ___ Permanent and Progressive __ Temporary ___

- **If temporary, please indicate estimated time of impairment/disability _____**
- **If variable, please characterize the expected fluctuations**

Does this student take medication or undergo treatment that may adversely affect performance or behavior?

Yes ☐ No ☐
If "yes," please describe:

How often should this student be reevaluated?			
3 months	**6 months**	**1 year**	**Other (specify)**

In your opinion, does this student represent a potential danger to self or others, ***including patients under his or her care in a medical setting:***

Yes ☐ No ☐ Not sure ☐
(Please explain a "no" or "not sure" on letterhead.)

Signature:_____ Date:_____