

REED COLLEGE
DISABILITY & ACCESSIBILITY RESOURCES
3203 SE Woodstock Boulevard, Portland, Oregon 97202-8199
phone: 503/517-7921 fax: 503/517-5532 email: dar@reed.edu

Student

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Diagnostic Information

Diagnoses/conditions. For each condition, please include "ICD-10 code" and date of onset or date of initial diagnosis:

Dates or time frame during which student has been under your professional care: _____

Date student was last seen by you: _____

Number of times the student has met with you and/or frequency of appointments: _____

For mental health conditions: Is the student engaged in regular therapy or counseling? Yes ___ No ___ Not Sure ___

specific findings that support the diagnosis _____

_____ it

Symptoms and functional impact

For each diagnosis or condition, please include the following information:

The expected duration and progression of each condition (e.g., temporary vs. chronic, variable or progressive vs. stable, intermittent or episodic, in remission, etc)

If applicable, describe any situations or environmental conditions that might lead to an exacerbation of symptoms:

If applicable: Please list any side effects the student may experience due to prescribed medications or medical treatments.

You are welcome to include recommendations for accommodations, supports, or resources that could be helpful for the student. There should be a logical link between the recommended accommodation(s) and the functional limitations described above. Not all recommended accommodations will necessarily be appropriate in a higher education setting, but we do take this information into account when fashioning a student's accommodation plan.