

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.