Medical Documentation Guidelines:

Medical documentation should be prepared on letterhead, typed, dated, and bear the signature of the evaluator. Please make sure the documentation includes the name, title, contact information, and professional credentials of the evaluator, and the information below regarding the medical reason for the petition:

**Physical Reasons:**
- a. A statement of condition as a medical diagnosis.
- b. Include the date of diagnosis and the date of last contact with this student. Please indicate whether the condition is permanent or temporary (prognosis).
- c. A description of the procedures (e.g. clinical/diagnostic interview, rating scales, physical examination) that were used to assess/diagnose the medical condition.
- d. A description of the symptoms that meet the criteria for diagnosis with the approximate date of onset.
- e. A list of any medications or other treatments, including any possible medication/treatment side effects.
- f. Any additional medical information that may be relevant to the petition.

**Psychological Reasons:**
- a. A statement of psychiatric, psychological, or learning impairment. Please provide a DSM diagnosis, if applicable.
- b. Date of diagnosis, dates of attendance, and date of last contact with this student.
- c. A description of the symptoms that impacted the entire semester or individual courses.
- d. A list of any medications/treatments the student is currently utilizing, including any possible side effects.
- e. Any additional medical information that may be relevant to the petition.

**Death of Immediate Family Member:**
- a. Death Certificate
- b. Obituary

**Other:**
- a. Police Report
- b. Statement from a victim advocate
- c. Medical documentation from an immediate family member’s medical provider