

**Butler Community College**  
*Office of Disability Services*

**General Medical Documentation Guidelines**

Dear Qualified Provider:

In order to qualify for services through the Disability Services Office at Butler Community College, \_\_\_\_\_ needs to provide us with appropriate documentation of his/her disability. In order for us to receive adequate documentation and not have a delay in getting the student started in using our services, please provide us with the following information on your letterhead:

- Specific diagnosis and date of diagnosis.
- Please briefly describe your relevant history of clinical contact and the date of your last visit with this person.
- What specific symptoms does this person experience and to what severity (mild or moderate to severe and profound)?
- Describe the duration and prognosis of the disability.
- What are the functional limitations of the disability that will substantially impact this person in a college or university environment? [Functional limitations refer to the manifestations of the disability that impede the individual's ability to function as compared to the average person. A college environment would include activities such as taking classes, the amount of credits [12hrs. = fulltime], studying, taking exams, getting around campus, using a laptop computer, interacting with faculty and students, etc.]
- Please include the results of any informal or clinical tests that were performed to support your diagnosis. In addition, include the information you gathered to rule out a differential diagnosis or other possible causes for the symptoms. Examples of the types of test information we are looking for include but are not limited to visual, hearing, neurological, psycho-educational, strength, and mobility, psychological, and attention.
- What medications are prescribed and what are some of the side effects from the medication that will impact this person in a college environment? Please list any recommended treatment, medical, or rehabilitative devices that were prescribed that may or may not mitigate the condition, disability, or the symptoms.
- Signature, professional title(s), credentials/licensure (if applicable), and contact information (address, telephone number, and email).



Note: The age of the documentation is a critical factor in helping us determine the current functioning of an individual. Some disabilities require more up-to-date documentation (e.g. chronic medical, psychological, traumatic brain injury, etc.) Please send us the most recent documentation you have that shows the current impact of the disability. If the documentation provided is not sufficient, then we will collaborate with you and the

student to obtain the necessary documentation. Please remember the student bears all costs associated with obtaining the documentation.

Thank you for taking the time to provide us with this necessary information. We look forward to working with this student and the information you have provided us will enable us to provide appropriate accommodations allowing equal access to the activities, courses and programs offered by the College. If you should have any questions, please do not hesitate to contact us at 316-322-3166.

Sincerely,

Teressa Eastman  
Director of Disability Services  
Butler Community College