UNOH STUDENT SUCCESS CENTER

EXAMINER FORM

THIS FORM IS TO BE FILLED OUT IF A STUDENT WAS NOT ON AN IEP/504 AND HAD A DIAGNOSIS FROM A MEDICAL PROFESSIONAL.

Patient/Client Name: _____ Date: _____

What is the patient/client's primary diagnosis or diagnoses, if applicable?

_____

_____

or, if applicable:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

GAF: _____

Current functional limitations associated with the primary disability/disabilities (how disability affects patient's functioning in major life activities, please specify severity):

_____

_____

What is the expected progression or stability of the disability?

_____

_____

What are the current prescribed medications/treatments for the disability, and what are some of the side effects, if significant?

_____

_____

General comments (optional):

_____

_____

Examiner Signature _____ Printed Name _____

EXAMINERS: Please return completed form to patient/client. If you have questions about this form, please call Danielle McClure, Director of Student Success at (419) 998-3157.
STUDENTS: Please return completed form to Danielle McClure, MRC, PC. Thank you.