OFFICE OF STUDENT LIFE
ACCESSIBLE EDUCATIONAL SERVICES

Autism Spectrum Documentation Form

Student Name: _____ DOB: _____/_____/_____ has requested support services from Accessible Educational Services (AES) at Indiana University Bloomington (IUB) regarding an autism spectrum disorder. Documentation provides vital information about the functional limitation of the student's disability and its impact in a post-secondary academic environment.

Please complete all sections of this form and return it as soon as possible so that we may verify the student's eligibility for services. Providers may also use their own format if the information requested below is included; if this information is not provided, services may be delayed as AES obtains clarification. Please call 812-855-7578 if you have questions. The completed form may be faxed to 812-855-7650 or it may be mailed to the address at the bottom of this page. AES welcomes any additional documentation you would like to include.

DSM-V Diagnoses *(Please provide both code and descriptor)***:** (REQUIRED)

Primary: _____
Secondary: _____
Date of Diagnosis: _____/_____/_____ Initial visit: _____/_____/_____ Last appointment: ____/_____/_____

Basis on which Diagnosis was made (*check all that apply*)**:**

- ☐ Psycho-educational or neuropsychological assessment (please attach report)
- ☐ Psychological Assessment (please attach report)
- ☐ Standardized rating scales (please attach report)
- ☐ Structured or unstructured interviews with student
- ☐ Structured or unstructured interviews with other relevant persons (*e.g. parent, therapist, teacher*)
- ☐ Behavioral observations
- ☐ Developmental history
- ☐ Medical history
- ☐ Other (*Please specify*):

_____
_____

Cliical Manifestations/Symptoms: Please provide information regarding the student's current presenting symptoms with regard to the following:

Social interaction, reciprocal verbal communication, shared emotions and affect	
Nonverbal communication	
Restricted, repetitive or unusual patterns of motor behavior. i.e. stereotypic	
Adherence to routines	

Hyper or hypo reactivity to sensory input	
Executive Function	

Implications for Educational Success/Major Life Activities (REQUIRED):
Please check which of the major life activities listed below are affected because of the diagnosis.
Substantial limitation is defined as a "significant restriction in the condition, manner, or duration in which a major life activity is performed compared to most people."

☐ **Concentration ***
☐ **Memory ***
☐ **Cognitive functioning ***
☐ **Processing speed***
☐ Communication
☐ Complex/abstract thinking
☐ Making and keeping appointments
☐ Managing external distraction
☐ Managing internal distraction
☐ Meeting deadlines
☐ Motor skills: _____
☐ Stress management
☐ Task persistence
☐ Task organization/ prioritization
☐ Time management
☐ Other: _____
☐ Other: _____

***Note:** Appropriate psychometric data must be included for these areas of limitation.

Prescribed medication and the side effects that impact academic functioning: _____

_____

Additional comments and recommended auxiliary support, strategies, or service that may be beneficial to the student in the higher education environment.

_____

_____

_____

_____

_____

Certifying Professional

Name (*print*): _____ Date: _____/_____/_____

Profession: _____ License number: _____

Office Address: _____

Phone: _____ Fax: _____ Email Address: _____

Certifying Professional Signature: _____