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Phone (843) 863-7159 • Strom Thurmond Building, Student Success Center • Fax (843) 863-8030 • [awatson@csuniv.edu](mailto:awatson@csuniv.edu)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Date of Initial Contact w

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Has the student experienced periods of time during which the functional impairment(s) completely (or nearly completely) remit? \_\_\_\_\_ Yes \_\_\_\_\_ No. \_\_\_\_\_, how long are these periods on average?

How likely is the student to be functionally impaired to the same or greater degree 30 days from now: \_\_\_\_\_ 90 days from now: \_\_\_\_\_  
6 months from now: \_\_\_\_\_ Permanently: \_\_\_\_\_

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