



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

Student's Name: _____ Date of Birth: _____

Diagnosis: _____ Date of Diagnosis: _____

Date of Initial Contact w

Promoting Academic Excellence in a Christian Environment



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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