
CERTIFICATION OF PSYCHOLOGICAL DISABILITY

The student named below has applied for services/accommodations through the office of Student Support Services at Shorter University. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability.

Under the American's with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing the form, please sign it and mail or FAX it to us at the address above. The information you provide will not become part of the student's educational records, but will be kept in the student's file at Student Support Services, where it will be held strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

1. Student's Name: _____ Today's Date: _____

2. What is your DSM IV multi axial diagnosis for this student?

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

3. Date of above diagnosis: _____

4. Date student was last seen: _____

5. In addition to DSM IV criteria, how did you arrive at your diagnosis? *Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.*

Structured or unstructured interviews with the student

Interviews with other persons

Behavioral observations

Developmental history

Educational history

Medical history

Neuro-psychological testing. Date(s) of testing?

Psycho-educational testing. Dates(s) of testing?

Standardized or nonstandardized rating scales

Other (Please specify): _____

6. Please check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing internal distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing external distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely submission of assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending class regularly & on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making and keeping appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Is this student currently taking medication(s) for these symptoms? Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects:

Do limitations/symptoms persist even with medications? _____

8. What is the student's prognosis? How long do you anticipate the student's academic achievement will be impacted by this disability?

six months **one year** **more than a year**

9. What other specific symptoms currently manifesting themselves might affect the student's academic performance?

10. Is there anything else you think we should know about the student's psychological disability?

11. CERTIFYING PROFESSIONAL *

_____ Signature of Professional	_____ Date
_____ Professionals Name (printed) and Title	_____ License No.
_____ Address	_____ Telephone No.
_____ City, State, Zip	_____ Fax

* Qualified diagnosing professionals are licensed psychologists, psychiatrists, and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.