



GUIDELINES FOR DOCUMENTATION FOR PSYCHIATRIC/PSYCHOLOGICAL DISORDERS

The following information will assist the ODS staff in collaborating with the student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for accommodations under the Americans with Disabilities Act.

A diagnosis by a licensed mental health professional (including licensed clinical social workers, licensed professional counselors, psychologists, psychiatrists and neurologists). This professional must be an impartial individual who is not a family member of the student.

Following FERPA, information submitted will become an educational record and can be released to the student named below upon his/her request.

Name of Student: _____ Date of Birth: _____

1. Please provide a clear statement of the disability, including the DSM-IV diagnosis, date of last appointment and a summary of present symptoms:

2. Describe the current impact of the psychiatric/psychological disability has on the student's functioning and the **limitations of the disability on learning** or other major life activities:

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3. Please provide medical information relating to the student’s needs, including current medication/dosages and the impact of medication on the student’s ability to meet the demands of the postsecondary environment:

Additional Information/Comments:

Signature of Medical Professional: _____ Date: _____

Please PRINT name of professional and credentials: _____

Address: _____

Phone: _____

NOTE: Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated.