



PSYCHOLOGICAL DISABILITY DOCUMENTATION FORM

In order to determine eligibility and to provide services, Disability Services requires documentation of the student's psychological disability.

The Americans with Disabilities Act (ADA) of 1990 and Section §504 of the Rehabilitation Act of 1973 (§504), provide that individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual meets the requirements under the law, documentation must indicate that a specific disability exists and that the functional limitations caused by the disorder significantly limit 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.

**This form is not to be used for Learning Disabilities and Attention Deficit/Hyperactivity Disorder (please see documentation guidelines for students with learning disabilities and ADHD:
http://www.vpul.upenn.edu/lrc/sds/procedural_info.html**

The information provided will be held strictly confidential by Disability Services and will only be released with written permission of the student. 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.

Student's Name: _____

Today's Date: _____ Initial Date of Diagnosis: _____

Date Student was Last Seen: _____

Length of Relationship with Student: _____

Frequency of Treatment: _____

DSM-5Diagnosis: _____

1. In addition to DSM-5 criteria, how did you arrive at your diagnosis? Please check all applicable items below, adding *detailed notes* that are relevant to each section. This information must be provided for us to determine which accommodations and services are appropriate for the student.

Structured or unstructured interviews with the student himself or herself.

Interviews with other persons.

Behavioral observations.

Developmental history.

Educational history

Medical history

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

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

Standardized or un-standardized rating scales.

Other (Please specify).

2. Please check the level of limitation on each of the life activities listed below that are affected. This information is used to determine the level of limitations of the psychological disability and how it impacts the student.

| LIFE ACTIVITY | NO IMPACT | MODERATE IMPACT | SUBSTANTIAL IMPACT | DON'T KNOW |
|---------------------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Memory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Interactions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing internal distractions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing external distractions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Timely submission of assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attending class regularly and on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making and keeping appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization and time management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cognitive Processing Speed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. What other specific symptoms manifesting themselves at this time might affect the student's academic performance? Please be detailed and specific in your descriptions.

4. If the student is taking medication(s): What medication(s) is the student currently taking? How effective is the medication? How might side-effects, if any, affect the student's academic performance?

5. What is the student's prognosis? How long do you anticipate that the student's academic achievement will be impacted by his/her disability?

6. Please identify possible academic accommodations for this student and provide a detailed rationale for each.

CERTIFYING PROFESSIONAL*

Name: _____
(Please print)

Signature: _____

License: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

* Qualified diagnosing professionals include, but are not limited to, licensed psychologists, psychiatrists, and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented psychological disorder or condition and follow established practices in the field.