

**NORTHEAST STATE COMMUNITY COLLEGE**  
**Center for Students with Disabilities**  
2425 Highway 75, Blountville, TN 37617

423.279.7640 - PHONE

423.279.7649 - FAX

**PSYCHIATRIC/PSYCHOLOGICAL DISABILITY CERTIFICATION**

**The student named below has applied for services from the Center for Students with Disabilities (CSD) office at Northeast State. Northeast State provides academic services and accommodations to students with psychiatric/psychological disabilities. Students seeking services must provide appropriate medical documentation of their condition so that the CSD can: 1) Determine the student's eligibility for accommodations, and 2) if the student is eligible, determine appropriate academic accommodations.**

*The Americans with Disabilities Act (ADA) defines disability as a "physical or mental impairment that substantially limits one or more major life activities, a record of such impairment or being regarded as having such an impairment." Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.*

**Documentation required to verify the student's condition and its severity, includes completion and return of this form to the CSD by a professional with the appropriate training and credentials. Depending on the student's condition, the appropriate professional should be a licensed psychiatrist, psychologist, neurophysiologist, or other qualified and licensed mental health professional. Any professional completing this form must have first-hand knowledge of the student's condition, experience in working with college students with psychiatric/psychological conditions and familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Diagnosis of psychiatric/psychological disabilities documented by family members is unacceptable. For additional information regarding documentation guidelines, refer to the Educational Testing Services (ETS) guidelines at [www.ets.org](http://www.ets.org)**

**Student: Complete this section**

**Student's Name:** \_\_\_\_\_

**SS# or Campus ID #** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Certifying Professional: Complete this section and all subsequent sections**

**Provider Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
*(Signature denotes: content accuracy, adherence to professional standards and guidelines on page 1 of this document)*

**License Type:** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Diagnostic and Statistical Manual Diagnosis (DSM)**

**Axis I:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Axis II:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Axis III:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Axis IV:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Axis V:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Primary diagnosis/diagnoses and date of onset:** \_\_\_\_\_

\_\_\_\_\_

Student's last appointment (check one):

Less than 1 month ago       Less than 1 year ago       Greater than 1 year ago

Appointment frequency (check one):

Weekly       Monthly       Annually       As Needed

Expected duration of primary condition (check one):

Permanent       Temporary

How long do you anticipate that the student's academic achievement will be impacted by the primary condition?

Greater than 6 months       Greater than 1 year       Less than 1 year

Student's prognosis?

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### Diagnostic Tools

In addition to DSM criteria, how did you arrive at your diagnosis/diagnoses?  
*Please check any relevant items below.*

- Interviews with student
- Interviews with other person
- Behavioral observations
- Developmental history
- Neuro-psychological testing
- Psycho-educational testing
- Self-rated or interviewer rated scale
- Other

**Medication and Prescribed Aids**

- 1. What medication and prescribed aids are currently being used in the treatment of the diagnosis/diagnoses above?**

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- 2. Describe any medication side effects that may adversely affect the student's academic performance.**

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- 3. Describe any other relevant aspects of this condition that may impact educational or interpersonal behavior and achievement.**

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- 4. From your medical perspective describe possible accommodations that could facilitate the student's academic performance.**

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**Functional Limitations**

Please indicate the **current functional limitation(s)** of the patient regarding the major life activities listed below. *(Check all that apply)*

Functional Limitation	Comments	Degree of Limitation
<input type="checkbox"/> <b>Concentration</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Memory</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Information Processing</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Managing Internal Distractions</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Managing External Distractions</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Organization</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Stress Management</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Social Interaction</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Activities of Daily Living</b>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="checkbox"/> <b>Other</b> <i>(Please Specify)</i> <hr/>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe