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
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?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Describe any medication side effects that may adversely affect the student’s academic performance.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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

4. From your medical perspective describe possible accommodations that could facilitate the student’s academic performance.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
### Functional Limitations

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

<table>
<thead>
<tr>
<th>Functional Limitation</th>
<th>Comments</th>
<th>Degree of Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
<tr>
<td>Memory</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
<tr>
<td>Information Processing</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
<tr>
<td>Managing Internal Distractions</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
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<td>Managing External Distractions</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
<tr>
<td>Stress Management</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
<tr>
<td>Social Interaction</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
<tr>
<td>Other <em>(Please Specify)</em></td>
<td></td>
<td>□ Mild □ Moderate □ Severe</td>
</tr>
</tbody>
</table>