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Psychological Disability Report Form

In order to provide services and evaluate requests for accommodations, Disability Services requires documentation of psychological disabilities.

This document provides guidelines necessary to establish the impact of psychological disabilities on an individual's academic performance and to validate the need for accommodations.

The medical diagnosis information provided herein will be held confidential and will only be released with permission of the student.

Student's Name: _____ Date _____

Date of Diagnosis: _____

Date Student was Last Seen/Name of Professional:

DSM-IV diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

Please provide responses to the following questions:

1. Please provide a brief summary of the diagnostic interview(s). This should include the chief complaint, educational and medical history, history of presenting symptoms and past functioning, duration and severity of the disorder, current functioning, and relevant, developmental, historical and familial data.
2. 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 himself or herself
- Interviews with other persons.
- Behavioral observations.
- Neuro-psychological testing. List names/dates of tests administered. Attach documentation.
- Psycho-educational testing. List names/dates of tests administered. Attach documentation.
- Standardized or un-standardized rating scales. List names/dates of tests administered. Attach documentation.
- Other (Please specify).

3. Please check which of the activities listed below are affected by the psychological diagnosis. Indicate the level of limitation.

LIFE ACTIVITY	NO IMPACT	MODERATE IMPACT	SUBSTANTIAL IMPACT	DON'T KNOW
Concentrating				
Cognitive Processing				
Memory				
Processing speed				
Meeting deadlines				
Attending class regularly				
Organization & time management				
Stress management				
Reasoning				
Communicating				
Sleeping				
Eating				
Social interactions				

Other:				
Other:				

4. Please describe in detail the impact and functional limitations for any life activity from question #3 that you ranked as being substantially impacted by the psychological condition.

5. What specific symptoms manifesting historically and currently might affect the student's academic performance? Describe the impact. Please point out specific assessment data from objective testing that supports your finding of functional limitations and an impact on a major life activity.

6. What medication(s) have currently been prescribed for the student? Is he/she compliant? If so, how effective is the medication? How might side-effects, if any, affect the student's academic performance?

7. Provide relevant information regarding current treatment.

8. What is the student's prognosis? How long do you anticipate that the student's academic achievement will be impacted by his/her disability? Please give a description of the expected progression or stability of impact of the condition over time.

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

10. Please identify suggested accommodations with accompanying rationale.

CERTIFYING PROFESSIONAL *

Name: _____

Signature: _____

License: _____ E-mail: _____

Telephone: _____ Fax: _____

Address: _____

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