

Psychological Disability Documentation Form

The student named below has applied for services at the University of North Texas, Office of Disability Accommodation. To determine eligibility for such services, a qualified professional must certify that the student has been diagnosed with a psychological condition(s) and that it represents a substantial impediment to major life activities (especially activities related to the learning/college environment). Please fully complete the form, with as much detail as possible. Print, sign the form, return it using the contact info below. If you have any supporting information e.g. test results, checklists, background information, please attach it to this form.

Only qualified professionals may complete this form including licensed physicians, psychologists, professional counselors, and social workers.

Student's Name: _____

Today's Date: / /
 Month Day Year

1. What is your DSM-IV multi-axial diagnosis for this student?

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

FOR PSYCHOLOGICAL CONDITIONS ONLY

2. Date of above diagnosis: _____
 Month Day Year

3. Date student was last seen: _____
 Month Day Year

4. 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.**

	Criteria	Additional Notes
	Structured or unstructured interviews with the student	
	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 nonstandardized rating scales	
	Other (Please specify):	

FOR PSYCHOLOGICAL CONDITIONS ONLY

5. Please check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Concentrating				
Memory				
Sleeping				
Eating				
Social interactions				
Self care				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Attending class regularly and on time				
Making and keeping appointments				
Stress management				
Organization				

6. Is this student currently taking medication(s) for these symptoms?

Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects.

Do limitations/symptoms persist even with medications?

7. What is the student's prognosis?

How long do you anticipate the student's academic achievement will be impacted by this disability?

<input type="checkbox"/>	six months
<input type="checkbox"/>	one year
<input type="checkbox"/>	more than one year

FOR PSYCHOLOGICAL CONDITIONS ONLY

8. Other Information...

What other specific symptoms currently manifesting themselves might affect the student's academic performance?

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

Certifying Professional*

Signature of Professional

Date

Professional's Name (printed) and Title

License No.

Address

Telephone No.

City, State, Zip

Fax

RETURN COMPLETED FORM TO:
Attn: DRC (940)-369-7969 (Fax)

UNT Office of Disability Accommodation
University Union Bldg. Suite 321
P.O. Box 310770
Denton, TX 76203-0770

Form template provided by Aaron Cohen Ph.D.*Form may not be completed by relatives of student.

FOR PSYCHOLOGICAL CONDITIONS ONLY