

OFFICE OF STUDENT SERVICES

MIDWESTERN UNIVERSITY



Documentation supporting Psychological/Psychiatric Disabilities

A student under your care has requested accommodations for a disability under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disability Act (ADA) of 1990. According to the ADA, "The term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual". In order to be eligible for accommodations, the student must provide supporting documentation that demonstrates that the student has one or more functional limitations that impact their performance in the academic setting, and that accommodations are necessary to ensure that the student has an equal opportunity for success in the academic arena. The following document provides guidelines regarding the documentation that is required in order to determine 1) whether a disability exists and 2) if a disability exists, the appropriate accommodations and services that are necessary.

All documentation must be submitted on letterhead, with any relevant supporting documents attached. All handwritten documentation must be legible.

To Be Completed by The Student:

RELEASE OF INFORMATION

I, _____, hereby authorize the release of the following
Student Name - Please Print
information to the Student Services Office at Midwestern University for the purpose of determining my eligibility for accommodations. If it is determined that I am eligible, the information will be utilized to establish reasonable accommodations.

1. Name of Student: _____ DOB: _____

Program: _____

THE REMAINDER OF THE DOCUMENT IS TO BE COMPLETED BY THE HEALTH CARE PROVIDER ONLY.

2. Evaluator

The professional submitting the documentation must be qualified to conduct the assessment and make a diagnosis. The professional must be trained in differential diagnosis and in assessing the full range of psychiatric disorders (e.g. licensed clinical psychologist, neuropsychologist, psychiatrist or other medical specialty). The professional may not be related to the student.

Name (Printed):		Date:	
Degree:		Medical Specialty:	
License Number:		State of Issue:	
Address:			
Phone:	Fax:	Email:	
Signature:			

3. Documentation must be current. Supporting documentation cannot be more than one (1) year old.

4. Clinical Assessment

a.

Date Student First Seen:	Date Student Last Seen:
Do you see this student regularly?	If so, how often:
Date of Diagnosis:	

b. DSM-V diagnosis:

c. Which of the following was used in your clinical assessment?

- Interview
- Developmental history
- Relevant family history, including learning, attentional, physical and psychological issues
- Relevant medical history, including medications
- Psychosocial history, including interventions
- Educational history, including K-12 and post-secondary
- History of prior therapy
- Psychoeducational reports (dates) _____
- Employment history
- Rating scales

d. Relevant testing. Please list any psychoeducational or neuropsychological tests performed to evaluate the student's ability to perform in academic settings. Copies of the assessments should be included as part of the documentation.

Test	Date Administered

g. Is the student stable at this time? _____

h. Does the student experience crisis episodes? If so, what is the appropriate manner in which they should be handled?

i. Please list the specific academic accommodations you recommend for this student, and a rationale for the basis of the recommendation(s).

Accommodation Recommended	Rationale

j. Will the student's disorder require absences from class? ____ Yes ____ No
If yes, please indicate the reason. *

- Due to symptoms experienced
- As a result of side effects of medication or treatment
- For treatment of the disorder

*Please note - There may be limitations on the number of absences a student is allowed based on class requirements.