In order to determine eligibility and to provide services, the Office of Student Disabilities Services (SDS) requires documentation of the student’s psychological disability.

The Americans with Disabilities Act (ADA) of 1990 and Section §504 of the Rehabilitation Act of 1973 (§504), provide that individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual meets the requirements under the law, documentation must indicate that a specific disability exists and that the functional limitations caused by the disorder significantly limit one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

This form is not to be used for learning disabilities and Attention Deficit/Hyperactivity Disorder (please see documentation guidelines for students with learning disabilities and ADHD: [http://www.vpul.upenn.edu/lrc/sds/procedural_info.html](http://www.vpul.upenn.edu/lrc/sds/procedural_info.html))

The information provided will be held strictly confidential by SDS and will only be released with written permission of the student. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student's Name: __________________________________________________________

Today's Date: ______________ Date of Diagnosis: ___________________________

Date Student was Last Seen: _________________________________

**DSM-IV diagnosis:**

Axis I: ________________________________________________________________

Axis II: ______________________________________________________________

Axis III: ______________________________________________________________

Axis IV: ______________________________________________________________

Axis V (GAF score): __________________________________________________
1. 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.
- [ ] Developmental history.
- [ ] Educational history
- [ ] Medical history
- [ ] Neuro-psychological testing. Date(s) of testing?
- [ ] Psycho-educational testing. Date(s) of testing?
- [ ] Standardized or un-standardized rating scales.
- [ ] Other (Please specify).
2. Please check which of the activities listed below are affected because of the psychological diagnosis. Indicate the level of limitation

<table>
<thead>
<tr>
<th>LIFE ACTIVITY</th>
<th>NO IMPACT</th>
<th>MODERATE IMPACT</th>
<th>SUBSTANTIAL IMPACT</th>
<th>DON'T KNOW</th>
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<tbody>
<tr>
<td>Concentrating</td>
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<td>Memory</td>
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<td>Sleeping</td>
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<td>Eating</td>
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<td>Social Interactions</td>
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<td>Self-care</td>
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<tr>
<td>Managing internal distractions</td>
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<tr>
<td>Managing external distractions</td>
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<tr>
<td>Timely submission of assignments</td>
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<td>Attending class regularly and on time</td>
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<tr>
<td>Making and keeping appointments</td>
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<tr>
<td>Stress management</td>
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<tr>
<td>Organization and time management</td>
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<tr>
<td>Cognitive Processing Speed</td>
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</table>
3. What other specific symptoms manifesting themselves at this time might affect the student's academic performance?

4. What medications is the student currently taking? How effective is the medication? How might side-effects, if any, affect the student's academic performance?

5. What is the student's prognosis? How long do you anticipate that the student's academic achievement will be impacted by his/her disability?

   □ 6 Months   □ 1 Year   □ More than 1 year
6. Is there anything else you think we should know about the student's psychological disability.

<table>
<thead>
<tr>
<th>CERTIFYING PROFESSIONAL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
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<tr>
<td>(Please print)</td>
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<tr>
<td>Signature: ________________</td>
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<td>License:</td>
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<td>Address:</td>
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<tr>
<td>Telephone: ________________ Fax: ________________</td>
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<td>Email: __________________</td>
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</tbody>
</table>

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