

Guidelines for Documentation Psychological Disability

I. A qualified professional must conduct the evaluation.

- Name, title, signature, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
- Evaluators must have training in, and experience with, the differential diagnosis of psychological impairments in adolescents and/or adults.
- Appropriate professionals may include clinical psychologists, neuropsychologists, psychiatrists or other specifically trained medical doctors, clinical social workers, licensed mental health counselors, and psychiatric nurse practitioners.
- Evaluations performed by members of the student's family are not acceptable.
- All reports must be signed by the evaluator, and should include a completed Office of Accessibility form (if feasible), as well as any additional information typed on letterhead.

II. Documentation must be current.

- Initial documentation must be based on evaluations performed within 1 year unless the student has remained in clinical contact with his or her evaluator, then that professional may supplement the original report with a letter (on letterhead) describing any and all changes since the previous report. [The supplement would be in lieu of another complete report.]
- All documentation (including any supplements), must describe the current impact of the diagnosed impairment(s).
- All documentation must describe any currently mitigating factors, such as medication or other treatment.
- All documentation must make recommendations currently appropriate to a college academic environment.

III. Documentation must be comprehensive.

- Reports must include the student's brief psychological history, and must include any prior behavior that was violent or destructive.
- A specific diagnosis, or more than one, if applicable, must be included.
- Reports must indicate that DSM-5 criteria have been met for each condition.
- Other potential diagnoses must be ruled out in the report.
- Documentation must indicate whether or not the diagnosed impairment(s) substantially limits the student's learning in the academic environment.
- Documentation should include recommendations for accommodations that are directly related to the functional limitations, including a rationale explaining why each recommendation for accommodation is appropriate.
- A statement regarding potential for harm to self or others must be included.
- A clinical summary is helpful.

Documentation Verification Psychological Disability

The Office of Accessibility at The University of Akron provides academic accommodations to students with diagnosed disabilities that reflect a **current substantial limitation to learning**. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current, **within 1 year**, and comprehensive documentation of the impairment from a current treatment/assessment professional that is legally qualified to make the diagnosis. The Office of Accessibility has the right to request additional documentation in order to provide appropriate services.

Name of Student: _____ Date of Birth: _____

1. DSM-5 Diagnosis & Code: _____

Date of Diagnosis: _____ Last contact with student: _____

Is the individual currently under your care? _____ Yes _____ No

2. What is the duration of the impairment? _____ Permanent/Chronic _____ Temporary
If temporary, what is the expected duration? _____

3. What clinical instrument was used to make this diagnosis (i.e., Beck Depression Inventory, Beck Anxiety Inventory)? Instruments used must be age appropriate and use adult norms unless inapplicable.

4. In your opinion, does any impairment listed above **substantially limit the student's learning in the academic environment**? _____ Yes _____ No
If yes, specify here: _____

5. Describe the **symptoms associated with this impairment** as they are currently manifested in this student:

6. Please provide a **brief history of the impairment** including severity and long-term impact in a college academic environment.

7. Does this student take any medication(s) or require any type of treatment that may **adversely affect academic performance or behavior**? _____ Yes _____ No

If "yes," please list and explain effect: _____

8. Based on the current condition and compliance with treatment plan, what is the current prognosis for functioning effectively in school? _____
Poor Good Excellent Unknown

If "unknown," please explain: _____

9. List any **recommendations for accommodations** appropriate for this student in an academic setting. The accommodation must link to the functional limitation.

10. Describe whether this individual poses a threat to him or herself or to others: _____

*Please feel free to attach any additional information describing specific concerns you may have.

NOTE: Students with coexisting diagnoses of any other disability may need to provide the results of a comprehensive medical, educational or psychological assessment for that particular disability.

Treatment/Assessment Professional Information

Printed Name and Title: _____

Licensing credential, number, and state: _____

Provider Signature: _____ Date: _____

Agency/Practice: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

My signature verifies that I am the treatment/assessment professional and that the contents are accurate.

Please note: The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Accessibility must be able to rely on treatment professionals with the highest capacity for objectivity.

The information provided is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please return the completed form to the student.

Office of Accessibility • The University of Akron
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