

PSYCHOLOGICAL DOCUMENTATION GUIDELINES
DISABILITY PROVIDER FORM

Your patient/client has requested accommodations through the Academic Success Office at Presbyterian College. The Academic Success Office coordinates the collection and review of documentation in conjunction with the Coordinator, Disability Support Services to provide reasonable accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008, as well as other applicable state and federal laws.

Student's Name _____

Student's Date of Birth _____

Date of Last Visit/Consultation _____

Mental or behavioral patterns that may cause significant impairment or distress in several aspects of a student's life, such as school, relationships, career, etc. These conditions include but are not limited to: anxiety, depression, bipolar disorder, schizophrenia, and PTSD.

In order to be considered eligible for reasonable accommodations relating to a Psychological disability, the following documentation is required: current medical documentation provided by a qualified professional such as a licensed physician, psychiatrist, licensed psychologist, clinical social worker, or other mental health professional which has been provided **within three calendar years of the student's date of enrollment in Presbyterian College.**

NOTE to PROVIDERS: Please submit this completed form along with a full description of the diagnostic methodology used, including data and measurements from appropriate evaluation instruments. The results obtained should draw a direct link to the diagnosis and the functional limitations of the disability. For cognitive disorders, evaluations should use adult norms. Complete documentation is important. Inadequate information, incomplete answers and /or illegible handwriting may delay the eligibility review process for students.

1. Please cite the student's diagnosis/diagnoses:

DX #1: _____

Diagnostic code: _____ From: DSM-V IDC-10

Additional specifiers (if applicable) _____

Indicate if in: Partial Remission Full Remission Prior History Not Applicable

Comments (if necessary): _____

DX #2: _____

Diagnostic code: _____ From: DSM-V IDC-10

Additional specifiers (if applicable) _____

Indicate if in: Partial Remission Full Remission Prior History Not Applicable

Comments (if necessary): _____

DX #3: _____

Diagnostic code: _____ From: DSM-V IDC-10

Additional specifiers (if applicable) _____

Indicate if in: Partial Remission Full Remission Prior History Not Applicable

Comments (if necessary): _____

2. Please indicate the level of severity for each diagnosis using the scale below:

Mild- few if any symptoms present with minor impairments, may be distressing but manageable; symptoms confined to only one setting

Moderate- number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for "mild" and "severe"; symptoms are present in at least two settings; intermediate

Severe- many symptoms in excess/ several symptoms that are particularly severe with marked impairment, may be seriously distressing and unmanageable, symptoms markedly interfere with functioning; symptoms are present in three or more settings; chronic

DX #1: _____ DX #2: _____ DX #3: _____

3. How does disability currently impact functioning, and how does it cause substantial limitation in the academic setting?

4. Date of diagnosis/diagnoses: _____

5. Was/were the diagnosis/diagnoses made by you? _____ **Yes** _____ **No, DX made by:** _____

6. Number of consultations with you in the past 3 years: _____

7. Date of your most recent evaluation: _____

8. Length of time under your care: _____

9. Currently under your care? _____ **Yes** _____ **No, care ended on:** _____

10. Please describe in detail the symptoms currently experienced by the student.

11. If applicable, indicate any medications currently prescribed which may impact the student's functioning, including any impact produced by side effects.

12. Please indicate recommendations regarding accommodations for this student and the rationale as to why these accommodations are needed based on the student's limitations. Clearly indicate the accommodations you are recommending.

13. Please indicate the student's current coping strategies:

14. If the student is requesting an assistance or emotional support animal (ESA), please provide an explanation as to whether the ESA is an integral part for the treatment of the current condition.

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Provider's Signature _____ Date _____

License/Certification # _____ State _____

Name/Title: _____

Address: _____

Phone: _____

Email: _____

DOCUMENTATION MAY BE SENT TO:

Presbyterian College
Academic Success Office/Accommodations
503 S. Broad Street
Clinton, SC 29325
Email: accommodations@presby.edu