



Office of Student AccessAbility

800 W. Campbell Road, SSB 3.200

Richardson, TX 75080

972.883.2098 F: 972.883.6561

Website: www.utdallas.edu/studentaccess

Email: studentaccess@utdallas.edu

CERTIFICATION OF PSYCHOLOGICAL DISABILITY

To: _____

Student: _____

Student ID: _____

DOB: ____/____/____

RE: Documentation Request

The above named student has requested academic accommodations from the Office of Student AccessAbility at The University of Texas at Dallas. In order to determine eligibility and to provide services, we require documentation of the student’s psychological disability.

Under the ADA Amendment Act 2008 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more 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.

After completing this form, please mail or email it to the Office of Student AccessAbility using the contact information in our letterhead. The information you provide will become part of the student’s case file, and will be kept confidential. 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 any questions or concerns. Thank you for your assistance.

Please note that this form may not be used as documentation for a learning disability or ADD/ADHD. Student, please sign in the box below giving your health-care provider authorization to release information to OSA.

<p>I, _____, authorize my health-care provider to release to OSA <small>(Print Student’s Name)</small></p> <p>the psychological information requested on this form for the purpose of determining appropriate accommodations for my psychological disability while a student at The University of Texas at Dallas.</p> <p>Signature of patient: _____ Date: _____ <small>(Student’s Signature)</small></p>



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Today's Date: _____ Date of Diagnosis: _____ Date

Student was Last Seen: _____

1. In addition to DSM-V criteria; how did you arrive at your diagnosis? Please check all relevant items below, adding additional information that you think would be helpful to us as we determine which academic accommodations and services are appropriate for the student.

_____ Structured or unstructured interviews with the person him/herself.

_____ Behavioral observations

_____ Developmental/Educational History

_____ Medical History

_____ Neuro-Psychological Testing – Date of testing _____

_____ Psycho-Educational Testing –Date of testing _____

_____ Standardized or un-standardized rating scales

_____ Other (Please specify)

DSM-V Diagnosis(ses):

Diagnosis(ses): _____

Psychosocial factors: _____



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2. Please check which of the life activities listed are affected because of the psychological diagnosis. Indicate the level of limitation:

Life Activity	No Impact	Moderate	Substantial	Unknown
Concentration				
Memory				
Sleeping				
Eating				
Social Interactions				
Self-care				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Attending class regularly and on time				
Stress management				
Organization at home or/and work				

3. What other specific symptoms manifesting themselves at this time might affect the student's academic performance in areas such as testing, reading, learning, class attendance and participation? Please indicate suggested reasonable accommodations.

4. What medications is the student currently taking?

5. How might side-effects, if any, affect the student's academic performance?



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6. How effective is the medication?

Signature: _____ Date: _____ Print

Name: _____