



Disability Services for Students

Psychological Conditions Documentation Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ has requested support services from the Office of Student Support Services (SSS) at Indiana University Northwest (IUN) in regards to a psychological condition. To be eligible for disability support, DSS guidelines require that students provide documentation of the condition and how it impacts his/her ability to learn.

The Americans with Disabilities Act as Amended and Section 504 of the Rehabilitation Act of 1973 protect individuals with disabilities from discrimination and entitle these individuals to reasonable accommodations. To establish that an individual is protected under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities and have an expected duration of not less than 6 months. A diagnosis in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic impact.

Please complete all sections of this form and return it as soon as possible so that we may verify the student's eligibility for services. This form is not acceptable documentation for Attention Deficit/Hyperactivity Disorders (ADHD) or Learning Disabilities (LD). Providers may also use their own format as long as the information requested below is included; if this information is not provided services may be delayed or denied. Please call 219-980-6941 if you have questions. The completed form may be faxed to 219-980-6974 or it may be mailed to the address at the bottom of this page. DSS welcomes any additional documentation you would like to include.

DSM-V Diagnoses:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of initial visit with student: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last visit with student: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of visits: \_\_\_\_\_

Basis on which Diagnosis was made (check all that apply):

Structured or unstructured interviews with student

Structured or unstructured interviews with other relevant persons (e.g. parent, therapist, teacher)

Behavioral observations

Developmental history

Medical history

Standardized rating scales

Other (Please specify): \_\_\_\_\_

Clinical Manifestations/Symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Disability Services for Students

Implications for Educational Success

Please check which of the major life activities listed below are affected because of the psychological diagnosis. Substantial limitation is defined as a "significant restriction in the condition, manner, or duration in which a major life activity is performed compared to most people."

Table with 3 columns: Life Activities, Yes (briefly explain), No. Rows include Concentration, Memory, Cognitive Functioning, Stress, Sleep, Managing internal/external distraction, Social Interaction, Complex/abstract thinking, Time management, Organization & prioritization of tasks, Making and keeping appointments, Task persistence, Activity level, Nutrition, Communication, Personal care, and four 'Other:' rows.

Current Treatment/Intervention Plan (check all that apply):

- Individual therapy/ counseling
Group therapy/ Counseling
Outpatient Treatment Program
Inpatient/hospital treatment program



Medication management

Other (Please specify): \_\_\_\_\_

Are you providing treatment/intervention? Yes No

If no, please explain: \_\_\_\_\_

Is the student adhering to the treatment/intervention plan? Yes No

If no, please explain: \_\_\_\_\_

Does this student currently pose a threat to him/herself or others? Yes No

If yes, please explain: \_\_\_\_\_

3400 Broadway (Hawthorn Hall 237) Gary, IN 46408 (219) 980-6941 fax (219) 980-6974 iun.edu/student-support

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Medication	Dose	Frequency	Side effects on the student's academic performance

Explain how the student will be affected or limited by the condition in an academic environment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do you anticipate the condition impacting academic achievement? (Check one)

< 6 months  < 1 year  > 1 year

Long-term prognosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student discussed the desire for an emotional support animal?  Yes  No If so, how would this mitigate some or all of the psychological symptoms?

\_\_\_\_\_  
\_\_\_\_\_



**Additional Comments:**

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**Certifying Professional**

**Name (*print*):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Profession:** \_\_\_\_\_ **License number:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Certifying Professional Signature:** \_\_\_\_\_