

Documentation Form for Disability Accommodation: Psychological Disability

THIS BOX TO BE COMPLETED BY STUDENT:		
Student First Name	Middle Initial	Last Name
UNT Dallas College of Law Student ID#	Date Form Submitted to Mental Health Professional	

The student named above has requested reasonable accommodation and/or auxiliary aids and services at the UNT Dallas College of Law for a psychological disability. In order to determine eligibility, the College of Law requires documentation from an appropriate treating professional who is not related to the student, (e.g., Medical Doctor, Nurse Practitioner, Licensed Professional Counselor, Psychologist, Diagnostician, or Licensed Social Worker). This documentation will be used to verify the student's disability and its impact on the student's needs in the academic setting.

REMAINDER OF THIS FORM IS TO BE COMPLETED BY A QUALIFIED PROFESSIONAL ONLY.			
Name and Title of Professional Completing Form			License Number
Mailing Address			City
State	ZIP Code	Phone ()	Fax ()
What is your DSM-IV-TR multi-axial diagnosis for this student (include DSM Code and standard nomenclature)?			
Axis I			
Axis II			
Axis III			
Axis IV			
Axis V (GAF Score)			
Date of Diagnosis / /		Most Recent Date You Examined or Treated Student / /	
Is the Student Currently Under Your Care? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, How Long?	
Does the student take medication? If so, please list the name of the medication(s) and any negative side effects:			

FOR PSYCHOLOGICAL CONDITIONS ONLY. NOT FOR LEARNING DISABILITIES.

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 reasonable accommodations and services are appropriate for the student.

	CRITERIA	ADDITIONAL NOTES
	Structured or Unstructured Interviews With the Student	
	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 Nonstandardized Rating Scales	
	Other (Please Specify)	

The following matrix (page 3) **is essential** to establish eligibility. To qualify, the student's disability must have a severe impact on at least one of the listed life activities, or moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the student's psychological condition has on the associated life activity. Attach any relevant documentation, treatment records, evaluation reports, etc.

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NOTE: When students respond well to treatment, symptoms may present no immediate limitations. Students may still qualify for ADA protection when the potential exists for a previously stable condition to worsen. Please complete the matrix to reflect those periods when the condition **is not** well controlled. Also, consider side effects of medications and other treatment(s) that may negatively impact life activities. Lastly, please note that completion of this form has no bearing upon a student’s future employability, or eligibility for any services beyond the UNT Dallas College of Law. To make an eligibility determination we need to know how serious the student’s limitations are. Please do not feel the need to minimize this. Basically, we need to know how severe the student’s problems can be at their worst.

LIFE ACTIVITY	NO IMPACT	MODERATE IMPACT	SEVERE IMPACT	DON'T KNOW
Memory				
Sleeping				
Eating				
Social Interactions				
Self Care				
Managing Internal Distractions				
Managing External Distractions				
Timely Submission of Assignments				
Attending Class Regularly and on Time				
Making and Keeping Appointments				
Stress Management				
Organization				
Concentrating				
Other (Please Describe)				

From the above matrix, please list how you would expect the life activity limitations you rated as severe to impact the student in the educational environment of a law school (e.g., learning, taking tests/notes, class attendance) and feel free to inform us of anything else you feel is important to be aware of to reasonably accommodate this student most effectively:

By signing below I am certifying that I have completed, or my designee has completed, this form truthfully and accurately.	
Signature	Date / /
Print Name	Print Professional Title

This original signed form should be returned to UNT Dallas College of Law, Office of Disability Services in the Dean of Students Office via email, hand delivery, or fax. The email address is untddisability@untdallas.edu and the fax number is 972-338-1788.