



**Certifying Professional (Psychiatrist /Psychologist, or other approved diagnostician.): Complete this and all subsequent sections**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature denotes: content accuracy, adherence to professional standards and guidelines on page 1 of this document.

License Type: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Diagnostic and Statistical Manual Diagnosis (DSM)**

Axis I: \_\_\_\_\_ Code: \_\_\_\_\_

Axis II: \_\_\_\_\_ Code: \_\_\_\_\_

Axis III: \_\_\_\_\_ Code: \_\_\_\_\_

Axis IV: \_\_\_\_\_ Code: \_\_\_\_\_

Axis V: \_\_\_\_\_ GAF Score: \_\_\_\_\_

Primary diagnosis/diagnoses and date of onset: \_\_\_\_\_

\_\_\_\_\_

Student's last appointment: (check one)

less than 1 month

less than 1 year

greater than 1 year

Appointment frequency: (check one)

weekly

monthly

annually

as needed

Expected duration of primary condition: (check one)

permanent

temporary

How long do you anticipate that the student's academic achievement will be impacted by the primary condition? (Check one)

Revised May 2007

Costs associated with documentation are the responsibility of the student/patient

̄ greater than 6 months    ̄ greater than 1 year                      ̄ less than 1 year

Student's prognosis?

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**Diagnostic Tools**

In addition to DSM criteria, how did you arrive at your diagnosis/diagnoses? Please check any relevant items below.

- Interviews with the student
- Interviews with other person
- Behavioral observations
- Developmental history
- Neuro-psychological testing\*
- Psycho-educational testing\*
- Self rated or interviewer rated scales
- Other

\* If pertinent to learning issues, a current psycho-educational report may be required. Contact Director, Services for Students with Disabilities, with questions.

**Medication and Prescribed Aids**

1. What medication and prescribed aids are currently being used in the treatment of the diagnosis/diagnoses above?

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2. Describe any medication side effects that may adversely affect the student's academic performance.

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3. Describe any other relevant aspects of this condition that may impact educational or interpersonal behavior and achievement.

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4. From your medical perspective, describe possible accommodations that could facilitate the student's academic performance.

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### **Functional Limitations**

Please indicate the current functional limitations of the student regarding the major life activities listed below. Circle the degree of limitation and provide any necessary comments.

<b>Functional Limitation</b>	<b>Degree of Limitation</b>	<b>Comments</b>
Concentration	Mild   Moderate   Severe	
Memory	Mild   Moderate   Severe	
Information Processing	Mild   Moderate   Severe	
Managing Internal Distractions	Mild   Moderate   Severe	
Managing External Distractions	Mild   Moderate   Severe	

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Organization	Mild	Moderate	Severe	
Stress Management	Mild	Moderate	Severe	
Social Interaction	Mild	Moderate	Severe	
Activities of Daily Living	Mild	Moderate	Severe	
Other (please specify) _____	Mild	Moderate	Severe	