

Student Name:

Student ID:

Student Phone:

Certification of Psychological Disability

The student named below has applied for services from the Office of Disability Services at Brazosport College. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability.

Under the Americans with Disabilities Act (ADA) of 1990 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 be indicated that a specific disability exists and that the identified disability limits one or more major 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 it to us as the address located at the bottom of this form; this form may also be faxed to the dedicated fax number listed below. The information you provide will not become part of the student's educational records, but will be kept in the student's file in the Office of Disability Services, where it will be held strictly confidential. This form may be released to the student at their request. 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 questions for concerns. Thank you for your assistance.

Date

Student Name

Date of Diagnosis

Date Student was Last Seen

DSM-IV diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

1. In addition to DSM-IV criteria, how did you arrive to your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

- Structured or unstructured interviews with the person himself or herself
- 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 unstandardized rating scales.
- Other (Please specify)

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

LIFE ACTIVITY	NO IMPACT	MODERATE IMPACT	SUBSTANTIAL IMPACT	UNCERTAIN	COMMENTS
<i>Concentrating</i>					
<i>Memory</i>					
<i>Sleeping</i>					
<i>Eating</i>					
<i>Social Interactions</i>					
<i>Self-Care</i>					
<i>Managing Internal Distractions</i>					
<i>Managing External Distractions</i>					
<i>Timely Submission of Assignments</i>					
<i>Attending Class Regularly and on time</i>					
<i>Making and Keeping appointments</i>					
<i>Stress Management</i>					
<i>Organization</i>					

3. What other specific symptoms manifesting themselves at this time might affect the students academics performance?

4. What medications is the student currently taking? How effective is the medication? How might side-effect. If any, affect the student's academic performance?

5. What is the student's prognosis? How long do you anticipate that he student's academic achievement will be impacted by his/her disability?

CIRCLE ONE: 6 MONTHS 1 YEAR MORE THAN 1 YEAR

6. Is there anything else you think we should know about the student's psychological disability?

<u>Certifying Professional*</u>			
Printed Name: _____		License Number: _____	
		(Please Print)	
Address: _____			
Street	City	State	Zip
Phone () - _____		Fax () - _____	
Date _____		Signature _____	

** Qualified diagnosing professionals include, but are not limited to, licensed psychologists, psychiatrists and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder of condition and follow established practices in the field.*

All documentation is confidential and should be submitted to Phil Robertson in Counseling & Testing:
 Office of Disability Services • 500 College Dr. • Lake Jackson, TX 77566
 979-230-3236 • 979-230-3112 Fax • phil.robertson@brazosport.edu
 Web Site: <http://www.brazosport.edu/disabilityservices>