



OFFICE FOR STUDENTS WITH DISABILITIES
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 LA JOLLA CALIFORNIA 92093-0019
 WEB: <http://disabilities.ucsd.edu>

Documentation Form for Psychological Disabilities

The student below has requested accommodations on the basis of a Psychological Disability through the Office for Students with Disabilities (OSD) at UC San Diego.

In order to verify the disability, its severity, its impact on one or more major life activities, and to determine reasonable accommodations, your diagnosis and assessment of this student is needed. Documentation must be current (i.e. most recent visit should be within the last 3 months). In some cases, students will be required to provide more frequent updates depending upon the fluid nature of their disability. Please include copies of any relevant adult normed psycho-educational or neuropsychological assessments, including test scores. All information will be kept confidential

Attached is the “University of California Practices for the Documentation and Accommodation of Students with Psychological Disabilities” to assist you in completing this form thoroughly and completely.

Student Name _____ DOB _____

Name/Title of Certifying Professional (Please print) _____

License # _____ State _____

Address _____

Telephone Number _____ Fax Number _____

Provider Certification:

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above. In cases where the diagnostic assessment of the student was performed by another clinician, my signature confirms the review of the original assessment and agreement of the diagnosis.

OR

If you feel you CANNOT provide documentation for this student, please indicate the reason below:	
<input type="checkbox"/> I am not treating this student	<input type="checkbox"/> I have not diagnosed this student
<input type="checkbox"/> I have referred to another clinician	<input type="checkbox"/> I have referred for additional evaluation
<input type="checkbox"/> I would need additional sessions with the student to complete this form	<input type="checkbox"/> I have insufficient information to describe functional limitations that would impact the student’s academic work/major life activities
<input type="checkbox"/> Other _____	

Signature _____ Date _____

Student Name _____ DOB _____

DSM-5: Please include all relevant diagnostic information including subtypes and/or specifiers for diagnostic domains and subgroups (as indicated in DSM-5) including V/Z codes: psychosocial and environmental stressors.

1. What are the current diagnoses for this student? (Please provide all pertinent DSM-5 codes or diagnoses.)

Primary: _____

Secondary: _____

Psychosocial or Environmental Stressors: _____

Medical Conditions: _____

2. What is the initial date of the diagnosis(es)? _____

3. Is the student currently under your care for this diagnosis(es)? YES NO

4. When did **you** first see/treat the student for this diagnosis(es)? _____

5. List the dates you saw the student within the last 6 months for this diagnosis(es)? _____

6. Has this student ever been hospitalized for psychological issues?
NO YES (dates of hospitalization) _____

7. Has this student ever attempted suicide?
NO YES (dates) _____

8. Level of Severity without Treatment: Mild 1 2 3 4 5 Moderate 6 7 8 9 10 Severe

Level of Severity with Treatment: Mild 1 2 3 4 5 Moderate 6 7 8 9 10 Severe

9. Please indicate which of the following assessments or evaluation procedures were used to arrive at the diagnosis. Include copies of any neuropsychological or psycho-educational testing including test scores.

- [] Structured/Unstructured Interviews with the Student
- [] Interviews with Others
- [] Behavioral Observations
- [] Developmental History
- [] Educational History
- [] Medical History
- [] Neuropsychological Testing (dates) _____
- [] Psycho-educational Testing (dates) _____
- [] Standardized or Non-Standardized Ratings Scales
- [] Other (specify) _____

10. Describe the student's **current and specific functional limitations** that result from the impairment's impact on the activities listed in Question 11, particularly with regard to an academic environment.
