

GUIDELINES FOR DOCUMENTATION OF PSYCHIATRIC/PSYCHOLOGICAL DISABILITIES

The following are Baker College's Guidelines for diagnosing psychological disabilities and a verification form for mental health professionals to fill out to confirm both the diagnosis of a psychological disability and its impact on the academic functioning of the students. The guidelines are not unique since they follow the generally accepted criteria for diagnosing a psychological disability. What is unique about the College's guidelines is that students are now being asked for more information concerning their diagnoses. The need for this additional information is related to the College's service provider's concern that students get the appropriate academic accommodations they need in order to be successful. In the past, most letters of documentation that students presented to the Special Needs/Disability Services Coordinator contained only a statement that the student had a psychological disability. Such documentation left both the student and the Coordinator at a loss for what were reasonable and appropriate accommodations.

Baker College is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective auxiliary aids and services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the College's programs and services. Federal law defines a disability as "a physical or mental impairment that substantially limits one or more major life activities." Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. It is important to note that a mental disorder in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit one or more major life activities."

The Special Needs/Disability Services Coordinator strives to insure that qualified students with psychiatric disabilities are accommodated and if possible that these accommodations do not jeopardize successful therapeutic interventions. Baker College does not modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life functions.

This form is designed to allow the College and the student to achieve these goals. Students who wish to receive reasonable accommodations due to a psychiatric disability need to have this form filled out by a psychiatrist, licensed psychologist, licensed clinical social worker (LCSW) or licensed professional counselor (LPC). The professional completing this form must have first hand knowledge of the student's condition, must have experience diagnosing and treating college students, and must be an impartial professional who is not related to the student.

The following documentation requirements will assist the Special Needs/Disability Services Coordinator in collaborating with each student to determine appropriate accommodations. Documentation serves as the foundation that supports a student's request for appropriate accommodations. Recommended documentation includes all of the following:

1. A clear statement of the disability, including the DSM-IV diagnosis and a summary of presenting symptoms.
2. Documentation for eligibility must reflect the current impact the psychiatric/psychological disability has on the student's functioning. (The age of acceptable documentation is dependent upon the disabling condition, the current status of the student, and the student's request for accommodations.)
3. A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results, including standardized or percentile scores.
4. Medical information relating to the student's needs must include the impact of the current medications (and compliance with) to meet the demands of the postsecondary environment.
5. A statement of the functional impact or limitations of the disability on learning or other major life activities and how it impacts the individual in the learning environment. Include the degree of the impact as compared to the average person, i.e., mild, moderate or severe.

VERIFICATION FORM FOR PSYCHOLOGICAL DISABILITY

STUDENT INFORMATION (THIS SECTION IS TO BE COMPLETED BY THE STUDENT.)

Last Name _____ First _____ Middle Initial _____

UIN _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ email address _____

CERTIFYING PROFESSIONAL (THIS SECTION IS TO BE FILLED OUT BY THE VERIFYING PROFESSIONAL.)

Name _____

Credentials _____

Address _____

City _____ State _____ Zip Code _____

License/Certification number and state of licensure _____

Years of experience working with college students _____

Date of initial contact with student _____

Date of last contact with student _____

MULTI-AXIAL DSM-IV DIAGNOSIS:

Axis I _____

Axis II _____

Axis V _____

Date of Diagnosis _____

Basis on which diagnosis was made: _____

If psychological tests were used please include all scores used to support the diagnosis:

If the diagnosis includes a phobic response to exams, does the problem pose a substantial limitation to the student in demonstrating his/her knowledge of the class material on an un-accommodated exam?

_____ Yes

_____ No

Explanation: _____

List current medication(s), dosage, frequency and adverse side effects. Has the student adhered to the medication treatment? _____

Long term medication plan: _____

What is the therapeutic intervention plan for the student in addition to medication? What is the expected duration?

Prognosis for therapeutic interventions (include likelihood for improvement or further deterioration and within what approximate time frame): _____

Current compliance with therapeutic interventions: _____

Does this person currently pose a threat to him/herself or others? If so please specify in what ways. _____

IMPLICATIONS FOR EDUCATIONAL SUCCESS

Learning abilities specific to the post secondary environment that are impaired by the psychiatric disability (e.g., difficulty with concentration, slow processing speed, etc.):

How would the disability impact learning at the post-secondary level?

Implications for taking exams and other classroom activities caused by the disorder or medications. Please specify:

Suggested accommodations. (Final determination of appropriate accommodations will be determined by the Special Needs/Disability Services Coordinator in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.) Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed.

_____ **Extension of time to complete exams**
Why?

_____ **Quiet/non distracting room to take exams**
Why?

_____ **Other (please specify)**
Why?

If you have any questions regarding the nature of the information needed for students with psychiatric impairments, please contact the Special Needs/Disability Services Coordinator at the campus the student you are working with attends.

This document may not be released without written permission from the student or by order of a court. It will be destroyed five years after graduation or last date of attendance at Baker College. The student will have access to this document, but you may specify that this access be given when there is a professionally qualified staff person who is available to explain the document.

*Adapted from the University of Michigan, University of Northern Colorado
Revised for Baker College*

Official System Form: 12-07