Psychological Disability Documentation Instructions and Form
Updated January 2023

Student Instructions and Information:

- Students must submit current documentation to Accessibility Services.
  - Current documentation is defined as:
    - Documentation that reflects data collected within three years at the time of request for services.
    - It is at the Accessibility Services counselor’s discretion to make appropriate exceptions to this policy and/or to request a reevaluation and more recent documentation in order to establish the most appropriate accommodations.
- A qualified provider (medical doctor, psychologist, or psychiatrist) must provide the documentation.
- In place of this form, a letter may be provided including all of the requested information. Any letters must be on letterhead from the provider’s practice. Any documentation must include the provider’s signature and credentials.
- Students are asked to provide documentation prior to the intake meeting if at all possible. It is during the intake meeting that appropriate accommodations, and the process for using the accommodations, will be discussed.
- Documentation can be submitted in person or by mail to the UWG Accessibility Services, 123 Row Hall, Carrollton, GA 30118, by fax to 678-839-6429, or by email to accessibility-services@westga.edu.

To be Completed by Student:

Name (Last, First, Middle): ____________________________________________________________

Date of Birth: ____________________________ UWG ID Number: 917________________________

Cell Phone: ____________________________ Alternate Phone: ____________________________

Home Address: ______________________________________________________________________

____________________________________________________________________________________

Email Address: ______________________________________________________________________

Status (Check One): _____Current Student     _____ Transfer Student     _____ Prospective Student
To be Completed by Provider:

The Office of Accessibility Services establishes academic and/or housing accommodations for students with a documented disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities. The University System of Georgia Board of Regents (USGBOR) requires current and comprehensive documentation for any diagnosis of a disability in order for disability services providers to determine appropriate accommodations and services. Please see Appendices D-H of the USGBOR Academic and Student Affairs Handbook for more information.

Primary Diagnosis:________________________________________________________________________

DSM-5 Code:___________________________________Date of Diagnosis:____________________________

Secondary Diagnosis:________________________________________________________________________

DSM-5 Code:___________________________________Date of Diagnosis:____________________________

Please provide the diagnostic criteria and methodology used to diagnose the condition.

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__________________________________________________________________________________________

__________________________________________________________________________________________

Please check any of the following as appropriate to describe the patient’s symptoms and/or behavioral manifestations.

___Feeling sad or down
___Confused thinking or reduced ability to concentrate
___Excessive fears or worries
___Extreme feelings of guilt
___Feelings of worthlessness or self-hate
___Extreme mood changes of highs and lows
___Withdrawal from friends and activities
___Significant tiredness, low energy
___Problems sleeping or excessive sleeping
___Detachment from reality (delusions), paranoia
___Inability to cope with daily problems or stress
___Trouble understanding and relating to situations and to people

__________________________________________________________________________________________

___Other

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___Other

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___Other

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___Other

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___Other
Please describe the history and severity of the disorder.

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Is it expected that the patient’s functioning and/or severity of the disorder will change over time?

_____ Yes  _____ No

If yes, please explain the anticipated progression.

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Please check all of the following as appropriate to describe the patient’s functional limitations. This list of possible functional limitations is from the Center for Psychiatric Rehabilitation, 1997 (http://www.washington.edu/doit/what-are-some-functional-limitations-related-mental-illness).

_____ Difficulty with medication side effects: side effects of psychiatric medications that affect academic performance include drowsiness, fatigue, dry mouth and thirst, blurred vision, hand tremors, slowed response time, and difficulty initiating interpersonal contact.

_____ Screening out environmental stimuli: an inability to block out sounds, sights, or odors that interfere with focusing on tasks. Limited ability to tolerate noise and crowds.

_____ Sustaining concentration: restlessness, shortened attention span, distraction, and difficulty understanding or remembering verbal directions.

_____ Maintaining stamina: difficulty sustaining enough energy to spend a whole day of classes on campus; combating drowsiness due to medications.

_____ Handling time pressures and multiple tasks: difficulty managing assignments, prioritizing tasks, and meeting deadlines. Inability to multi-task work.

_____ Interacting with others: difficulty getting along, fitting in, contributing to group work, and reading social cues.

_____ Fear of authority figures: difficulty approaching instructors and/or teaching/lab assistants.

_____ Responding to negative feedback: difficulty understanding and correctly interpreting criticism or poor grades. May not be able to separate person from task (personalization or defensiveness due to low self-esteem).

_____ Responding to change: difficulty coping with unexpected changes in coursework, such as changes in the assignments, due dates, or instructors. Limited ability to tolerate interruptions.

_____ Severe test anxiety: such that the individual is rendered emotionally and physically unable to take the exam.

_____ Other
Please provide any additional information/context as appropriate concerning the functional limitations.

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Please provide any recommendations to address the indicated functional limitations.

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**Please attach any psychological and/or educational reports that support the diagnosis** and complete the following information:

Provider Name:___________________________________________________________

Title:____________________________________________________________________

License #:_______________________________________________________________

Practice Name and Address:______________________________________________

__________________________________________________________________________________________

Phone:_________________________________________ Fax:_______________________

Email:____________________________________________________________________

Provider Signature (REQUIRED):___________________________________________

Date of Signature:_______________________________________________________