UNIVERSITY OF NORTH TEXAS
OFFICE OF DISABILITY ACCOMMODATION

FOR PSYCHIATRIC CONDITIONS ONLY
NOT LEARNING DISABILITIES

UNT Office of Disability Accommodation Psychiatric Disability Documentation Form

This box to be completed by student

Student First Name:_____ MI:_____ Last:_____

UNT Student ID:_____ Date form submitted to your mental health professional: _____

The student named above has requested services at the University of North Texas (UNT) for a psychiatric disability. In order to determine eligibility, the UNT Office of Disability Accommodation requires documentation from the appropriate treating professional, who is not related to the student, (e.g. Medical Doctor, Nurse Practitioner, LPC, Psychologist, or Diagnostician, Licensed Social Worker). This documentation will be used to determine if the student's condition(s) rises to the level of disability as defined by the Americans with Disabilities Act of 1990 as Amended. Please provide the following information as completely as possible to maximize the student's prospects of qualifying for reasonable accommodations. The ODA sincerely appreciates your time and effort.

Remainder of this form is to be completed by a qualified professional only.

Name and title of professional completing form:_____ License #:_____Mailing Address:_____City:_____
State:_____Zip:_____Phone:_____Fax:_____

What is your DSM diagnosis for this student? (List DSM Code & standard nomenclature)

Medical and Mental Health Conditions (Axis I, II & III in older versions of the DSM):

_____
_____
_____
_____

Psychosocial and Contextual Factors (Axis IV): _____
_____
_____

Functioning and Disability (Axis V e.g. GAF or WHODAS simple score): _____
_____

Date of Diagnosis: _____ Most recent date you examined or treated student: _____
Is the student currently under your care? Yes:_____ No:_____ If yes, how long?_____

Does the student take medication? If so, please list the name of the med(s) and any negative side effects:

_____
_____
_____
_____

Return digital copy to odadoc@unt.edu (preferred) or mail, fax, deliver in person to:
UNT ODA • Sage Hall 167 • Union Circ. #310770 •1155 Denton, TX 76203 • F 940.369.7969 • P 940.565.4323 •www.unt.edu/oda

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

	Criteria	**Additional Notes**
	Structured or unstructured interviews with the student	
	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 nonstandardized rating scales	
	Other (Please specify):	

The following matrix (page 3) is essential to establish eligibility. To qualify, the student's disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact of the student's psychiatric condition has on the associated life activity. Attach documents you believe to be relevant (e.g. psychological evaluations, ARD's, FIE's, SOP's).

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NOTE: When students respond well to treatment, symptoms may present no immediate limitations. Students may still qualify for ADA protection when the potential exists for a previously stable condition to worsen. Please complete the matrix to reflect those periods when the condition **is not** well controlled. Also, consider side effects of medications and other treatment(s) that may negatively impact life activities. Lastly, completion of this form has no bearing upon a student's future employability, or eligibility for any services beyond the University of North Texas. To make an eligibility determination we need to know how serious the student's limitations are. Please do not feel the need to minimize this. Basically, we need to know how severe the student's problems can be at their worst.

	No Impact	Moderate Impact	Severe Impact	Don't Know
Memory				
Sleeping				
Eating				
Social interactions				
Self care				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Attending class regularly and on time				
Making and keeping appointments				
Stress management				
Organization				
Concentrating				
• Other (please describe):				

From the above matrix, please list how you would expect the life activity limitations you rated as severe to impact the student in the educational environment of a large university and feel free to inform us of anything else you feel is important to be aware to reasonably accommodate this student most effectively:

_____

_____

_____

_____

By signing below I am certifying that I or my designee has completed this form truthfully and accurately.

Signature & Professional Title:_____ Date:_____

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