UNT DALLAS
STUDENT AFFAIRS
DISABILITY SERVICES

This box to be completed by student

Student First Name:_____ MI:_____ Last:_____

UNT Student ID:_____ Date form submitted to my Doctor or other professional: _____

The student named above has requested reasonable accommodations at the University of North Texas at Dallas (UNTD) for psychological/emotional disability. In order to determine eligibility, the UNTD Disability Services Office requires documentation from the appropriate treating professional, who is not related to the student, (e.g. Medical Doctor, Nurse Practitioner, LPC, Psychologist, or Diagnostician). This documentation will be used to determine if the student's condition 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. The Disability Services Office 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-IV-TR multi-axial diagnosis for this student (include DSM Code and standard nomenclature)?

Axis I:_____
Axis II:_____
Axis III:_____
Axis IV:_____
Axis V (GAF 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:

_____

_____

_____

Continued on back.

Return digital copy to UNTDdisability@untdallas.edu (preferred) or mail/deliver in person to:

UNT Dallas Disability Services: 7400 University Hills Blvd. Bldg 2, Rm 204; Dallas, Tx 75241 UNTDdisability@untdallas.edu

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Name:

In addition to DSM-IV 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 disability has on the associated life activity. Attach any relevant documentation, treatment records, psychological evaluations, ARD's, FIE's, SOP's etc.

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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 mental health problems can be at their worst.

Life Activity	**No Impact**	**Moderate Impact**	**Severe Impact**	**Don't Know**
Organization				
Concentration				
Activation/initiating to work				
Sustained focus				
Memory				
Stress management				
Timely submission of assignments				
Understanding directions				
Managing internal distractions				
Managing external distractions				
Specific academic topics:				
• Math				
• Reading				
• Written expression				
• 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. Feel free to inform us of anything else you feel is important to be aware to reasonably accommodate this student most effectively (use back page if necessary):

_____

_____

_____

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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