Psychological Disability Certification Form

Villanova University
Learning Support Services
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CERTIFICATION OF PSYCHOLOGICAL DISABILITY

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations and academic adjustments. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability. **The information provided on this form is critical in helping determine appropriate accommodations. Please fill out the form in its entirety.**

After completing this form, please print it out, sign it, and you can either mail or FAX it to us at the address listed above or you can return it to the student so they can upload it to our secure online data management system, ClockWork. The information you provide will not become part of the student's educational records but will be kept in the student's file at the Office of Learning Support Services, where it will be held strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

1. **Student's Name:**

2. **Student's Date of Birth**:

3. **Today's Date:**

4. **What is your DSM-V diagnosis for this student?**
   Diagnosis:
   Psychosocial and Contextual Factors:
   Disability (WHODAS):

5. **Date of above diagnosis: (month, day, year)**

6. **Date student was last seen: (month, day, year)**

7. **Which of the following describes your relationship with the student?** *Please check all the apply.*

_____I have regular appointments with this student

_____I manage this student's medication

_____I treated this student in the past, but they are no longer seeking treatment

_____I have encouraged this student to seek out a treating professional closer to campus

_____Other (please specify)

8. **In addition to DSM-V 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 accommodations and services are appropriate for the student.**

_____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)

9. **Check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.**
   **see below for further description of life activities listed as severe impact.*

Life Activity	**No Impact**	**Moderate Impact**	**Severe Impact***	**Don't Know**
Concentrating				
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				

Please provide additional relevant details for life activities listed as severe impact.

10. Is this student currently taking medication(s) for these symptoms? Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects.

Do limitations/symptoms persist even with medications?

11. What is the student's prognosis?

How long do you anticipate the student's academic achievement will be impacted by this disability?

_____Six months
_____One year
_____More than one year

12. Other information

What other specific symptoms currently manifesting themselves might affect the student's academic performance?

Is there anything else you think we should know about the student's psychological disability?

13. CERTIFYING PROFESSIONAL *

Signature of Professional

Date

Professional's Name (printed) and Title

License No.

Address

City, State, Zip

Telephone No.

Fax

***Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, and licensed clinical social workers. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.**