



DOCUMENTATION OF PSYCHOLOGICAL DISABILITY

The student below is requesting disability accommodations at Illinois Central College on the basis of a psychological disability. Current and comprehensive documentation should be provided by a **Qualified Professional** provider (such as a licensed physician, a licensed psychologist, a licensed psychiatrist, a licensed clinical social worker, or a licensed clinical professional counselor). This form must contain **allof the requested information** in order for the student to receive accommodations. The documentation must include:

1. A specific, current psychological diagnosis as per the DSM-V which indicates the nature, frequency, and severity of the symptoms upon which the diagnosis was predicated.
2. Prescribed medications, dosages, schedules, and side effects which may influence the types of accommodations provided.
3. A clinical summary which: a) suggests how the specific effects of the psychological disability may be accommodated; b) states how the effects of the psychological disability are mediated by the recommended accommodations; c) indicates the substantial limitations to major life activities posed by the psychological disability; and d) describes the extent to which these limitations would impact the academic context for which accommodations are being requested.

Student's Name: _____

Address: _____

Date of Birth: _____

I am requesting academic support services through the ADA office at Illinois Central College. They require current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability related accommodations or services. Please respond to the following questions as soon as possible and send to the ADA Coordinator by mail or fax. I authorize the ADA Coordinator to contact you if clarification is needed.

Signature: _____

CERTIFYING PROFESSIONAL*

Printed Name: _____ Signature: _____

Profession: _____ License Number: _____

Address: _____

Telephone: _____ Fax: _____

DSM-V Diagnosis: _____

Date of DSM-V Diagnosis: _____

How did you arrive at your diagnosis? Please check all relevant items below:

- Structured or unstructured interviews with the person himself or herself
- Interviews with other persons: _____
- Behavioral observations
- Developmental history
- Educational history
- Medical history
- Assessment Instruments
Date of testing: _____ Instrument used: _____
Date of testing: _____ Instrument used: _____
- Other: _____

Please describe the symptoms and functional impairments:

Is the disorder: ___Acute ___Chronic ___Episodic

Please explain: _____

Below are some major life activities that may be affected because of the psychological diagnosis. Please indicate the level of limitation in each, without medication and when the student is actively taking medication.

Without Medication or

With Medication or Mitigation

Life Activity:	Without Medication or				With Medication or Mitigation			
	No Impact	Moderate Impact	Substantial Impact	Don't Know	No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentration								
Memory								
Sleep/waking								
Eating								
Social Interaction								
Self-care								
Managing internal distractions								
Managing external distractions								
Complex/abstract thinking								
Attending class regularly and on time								
Making and keeping appointments								
Stress management								
Organization and prioritization of tasks								
Other: _____								

Medication(s) (Prescribed medications, dosages, schedules, and potential side effects) that pertain to this DSM-V diagnosis:

Clinical Summary

What barriers to access is the student encountering in the academic setting as a result of the disability and/or current treatment?

Please indicate your **recommendations** regarding reasonable academic accommodations or services to equalize the student’s access to educational opportunities at Illinois Central College. Please be aware that Illinois Central College reserves the right for final determination of appropriate accommodations.

What parts of the student’s academic, social, or campus life experience will the student be **unable** to ~~access~~ without your recommended accommodations?

Return documentation to:

Illinois Central College
ATTN: Kendra Belk
5407 N. University
Peoria, IL 61615
Fax #: 309-690-6876
Office #: 309-694-5749
Email pdf to: **accessservices@icc.edu**