



**DISABILITY  
& LEARNING  
RESOURCE CENTER**

**Psychological Documentation Form**

STUDENT NAME: \_\_\_\_\_ STUDENT PHONE: \_\_\_\_\_

STUDENT EMAIL(S): \_\_\_\_\_

STUDENT MAILING ADDRESS: \_\_\_\_\_

**STUDENT:** Please have this form completed by a qualified professional and return it to the Disability and Learning Resource Center (address on following page).

**To ensure the provision of reasonable and appropriate services for students with psychological disabilities at The School of the Art Institute of Chicago, a licensed clinician (e.g. physician, psychologist, psychiatrist) must provide current and comprehensive documentation of the differential diagnosis of the student's disability. The current ADA views a disability as a physical or mental impairment that substantially limits one or more major life activities, such as: manual tasks, walking, seeing, hearing, speaking, breathing, learning, thinking, concentrating, or working.**

Please complete the following form for \_\_\_\_\_ who has requested disability-related services and accommodations from our office. (Please print clearly or type.)

1. DSM-IV Diagnosis and comorbid conditions, if any: \_\_\_\_\_

2. Date of Diagnosis: \_\_\_\_\_

3. Date of your last contact with the student: \_\_\_\_\_

4. What instruments/procedures were used to diagnose the psychological disorder?

5. Please describe the current symptoms of this disorder.

6. What is the expected duration, stability, and/or progression of this disorder?

7. Please briefly describe the current treatment, including medications including any possible side effects of the treatment/medication.

8. Please describe the current functional impact of this disorder/disability on the student's daily activities and academic performance so that we can determine the specific accommodations which may be necessary.

9. If the student is requesting accommodations in a residence hall, please discuss the limitations to a major life function and suggested means of accommodating this limitation.

10. What **accommodations** (e.g. testing modifications, adjusted course load, wheelchair accessible room, etc.) would you suggest to enhance this student's chance for success?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Please return this form to:**

Attn: DLRC Email: dlrc@saic.edu Disability and Learning Resource Center The School of the Art Institute of Chicago 116 S. Michigan Avenue 13 <sup>th</sup> Floor Chicago, IL 60603	(312) 499-4278 Office (312) 499-4290 (fax)
---	---