



PLEASE SUBMIT COMPLETED FORM TO:
Disability Resources and Educational Services
California State University Northridge
18111 Nordhoff Street, BH 110
Northridge CA 91330-8264
Tel: (818) 677-2684 FAX: (818) 677-4932
Email: dres@csun.edu

DISABILITY DOCUMENTATION
Mental Health

The student named below may be eligible for academic accommodations provided through the Disability Resources and Educational Services (DRES) office. In order to authorize these services, we must have written verification of the student's disability from his/her practitioner. Please be assured that the information provided by you will not appear in the student's academic record, will remain confidential in DRES and will not be released to other persons unless instructed to do so by the student or permitted by law.

Please note: Student medical records supplied to this office constitute "education records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.

PLEASE PROVIDE ALL INFORMATION REQUESTED

Student: Please complete this section **only**.

Name:	CSUN ID:	Date of Birth:
Address:	City:	State: ZIP:
Home Phone:	Cell Phone:	Email:
Signature:	Today's Date:	

Student authorizes release of information to California State University Northridge - DRES.

Licensed Practitioner: (MD, DO, MFT, PA, NP) Please complete remainder of form before submitting to DRES.

Name:	Phone:
Address:	City: State: ZIP:
Type of License:	License No: Area of Specialization:
How Often Do You See This Student?	Date of Student's Last Visit:
Length of Time This Student Has Been Under Your Care:	

DSM V Diagnosis

Diagnosis:

Diagnosis:

Diagnosis:

ICD (or GAF, if preferred):

This Disability is Considered: Permanent Temporary - Until (date):

Method(s) of Determining Diagnosis (Please check all that apply):

Comprehensive Diagnostic Evaluation

Clinical Interview

(Neuro) Psychological Assessment

Review of Medical Records

Consultation with Former Provider of Care

Other:

Disability-Related Functional Impairments* on Academic Performance

Please specify the degree of limitation that the student exhibits within each of the following areas.

Impairments	Degree of Impairments		
Agitation	Mild	Moderate	Severe
Confusion	Mild	Moderate	Severe
Distractibility	Mild	Moderate	Severe
Impaired Judgment	Mild	Moderate	Severe
Impaired Memory	Mild	Moderate	Severe
Impaired Motor Coordination	Mild	Moderate	Severe
Impulsivity	Mild	Moderate	Severe

Impairments	Degree of Impairments		
Inability to Focus	Mild	Moderate	Severe
Inability to Sit for Extended Time	Mild +4 hours	Moderate 2-4 hours	Severe <2 hours
Intrusive Thoughts	Mild	Moderate	Severe
Omissions	Mild	Moderate	Severe
Psychomotor Slowing	Mild	Moderate	Severe
Other:	Mild	Moderate	Severe

Medication-Related Functional Impairments* on Academic Performance

Please specify the degree of limitation that the student exhibits within each of the following areas:

Impairments	Degree of Impairments		
Agitation	Mild	Moderate	Severe
Confusion	Mild +4 hours	Moderate 2-4 hours	Severe <2 hours
Decreased Concentration	Mild	Moderate	Severe
Distractibility	Mild	Moderate	Severe

Impairments	Degree of Impairments		
Impaired Coordination	Mild	Moderate	Severe
Psychomotor Slowing	Mild +4 hours	Moderate 2-4 hours	Severe <2 hours
Sedation/Fatigue	Mild	Moderate	Severe
Other:	Mild	Moderate	Severe

* Functional impairment is a loss of functional capacity affecting a person's ability to engage in academic activity (reading, comprehending, writing, calculating, taking exams, etc.) that results from the person's medical condition.

Additional Comments:

Signature of Licensed Practitioner:

Date of Report: