

## Disability Documentation – Mental Health

The student named below may be eligible for academic accommodations provided through the Disability Resources and Educational Services (DRES) office. To authorize these services, we must have written verification of the student’s disability from their practitioner. 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.

### Student Information

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

<i>First and Last Name</i>	<i>CSUN ID</i>	<i>DOB (Month and Day)</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email</i>
<i>Address</i>		
<i>Student Signature</i>		<i>Date</i>

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

### Licensed Practitioner Use Only

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

<i>Name</i>	<i>Phone</i>	
<i>Address</i>		
<i>Type of License</i>	<i>License No.</i>	<i>Area of Specialization</i>
<i>How often do you see this student?</i>	<i>Date of student’s last visit</i>	<i>Length of time under care</i>

### DSM V Diagnosis

<i>Diagnosis</i>
<i>Diagnosis</i>
<i>Diagnosis</i>

*ICD (or GAF, if preferred)*

This disability is considered: \_\_\_\_\_ *Permanent* \_\_\_\_\_ *Temporary* - *Until (date):* \_\_\_\_\_

Check all that apply.

Comprehensive Diagnostic Evaluation   
  Review of Medical Records   
  (Neuro) Psychological Assessment  
 Clinical Interview   
  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 (Mild, Moderate, or Severe)
Agitation	
Confusion	
Distractibility	
Impaired Judgment	
Impaired Memory	
Impaired Motor Coordination	
Impulsivity	
Inability to Focus	
Inability to Sit for Extended Time	
Intrusive Thoughts	
Omissions	
Psychomotor Slowing	
Other:	

**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 (Mild, Moderate, or Severe)
Agitation	
Confusion	
Decreased Concentration	
Distractibility	
Impaired Coordination	
Psychomotor Slowing	
Sedation or Fatigue	
Other:	

\*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.) resulting from the person’s medical condition.

Additional Comments:	
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\_\_\_\_\_  
*Signature of Licensed Practitioner*

\_\_\_\_\_  
*Date*