

Student Ability Success Center San Diego State University

Documentation Guidelines for Psychological Disabilities

In order to determine eligibility for accommodations and services from the Student Ability Success Center (SASC) at San Diego State University, verification and supporting documentation of the student's disability must clearly demonstrate that he or she meets the definition of disability as stated in the ADA Amendments Act of 2008 (ADAAA). The impairment must substantially limit one or more major life activities and affect the student's ability to function in an academic environment.

The disability must be verified by a licensed professional who has expertise in the differential diagnosis of psychological impairments and with direct experience with an adult population. If possible, a psycho-educational evaluation should be provided, since it will be useful in determining the current impact of the impairment on academic functioning. If provided, it must include an assessment of aptitude as well as academic achievement with all subtests and scores reported.

Documentation of disability must include:

1. Clinician's name, title, license number, phone number and address, and date(s) of examination.
2. A summary of educational, medical, family histories and behavioral observations, which substantiates a diagnosis of disability.
3. Prior assessment to determine a history of psychological problems if it established the diagnosis, with a statement of how the disorder substantially interferes with the student's educational progress.
4. If applicable, information relating to current medication used to treat the impairment and the impact (if any) of the medication on the student's ability to meet academic demands.
5. A clear statement of the DSM-IV diagnosis and instruments used in making the diagnosis.

Recommended instruments to be used are:

- **Aptitude:** Wechsler Adult Intelligence Scale (WAIS-IV) or Woodcock Johnson-III (WJ-III) Tests of Cognitive Ability-extended.
- **Achievement:** Wechsler Individual Achievement Test-III (WIAT-III) or Woodcock Johnson-IV (WJ-IV) Tests of Achievement and Nelson Denny Reading Tests (optional).

Requests for accommodations are considered on a case-by-case basis and the determination of actual services and accommodations will be made by the Student Ability Success Center.

Disability Verification (Psychological)

The student named below may be eligible for services and accommodations offered through the Student Ability Success Center at San Diego State University. In order to determine eligibility, verification and documentation of the student's disability must clearly demonstrate that he or she has one or more functional limitations in the academic environment. Please note that the determination of actual services and accommodations will be made by the Student Ability Success Center.

TO BE COMPLETED BY STUDENT (Please type or print legibly in ink):

Last Name: _____ First Name: _____

Red ID#: _____ Date of Birth: _____

I authorize the release of the information requested below to the Student Ability Success Center at San Diego State University.

Student's Signature: _____ Date: _____

TO BE COMPLETED BY A LICENSED PROFESSIONAL:

1. Diagnosis:

2. Multiaxial DSM IV Classification(s):

3. The disability is:
 permanent temporary and expected to last through _____

4. Level of severity:
 Mild Moderate Severe

5. Date(s) of diagnosis: _____ 6. Was there previous treatment from another individual?
 Yes No
If yes, for how long? _____

7. Date of last office visit:

8. How long have you been seeing this individual?

9. How long do you anticipate the treatment of this individual?

10. Does the individual participate in:

- Individual Counseling? YES NO
- Group Counseling? YES NO

11. Assessment/evaluation procedures. Attach scores of all tests administered. (If available, please include a psychoeducational report.):

12. Relevant background information (student's history related to disability):

13. Functional Impact Assessment. Please specify the degree of limitation that the student currently exhibits within each of the following major areas:

0=None
1=Mild/Moderate
2=Substantial

Major Life Activity	Degree of Impact			Major Life Activity	Degree of Impact		
	0	1	2		0	1	2
1. Caring for Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Quantitative Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Walking/Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Math Calculating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lifting/Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Processing Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Memorizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Interacting w/Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How does the student's disability affect his/her ability to function in an academic environment? (e.g., mobility, classroom activities, memory, perception, processing speed, etc.)

15. Current prescribed medications related to disability:

Medication	Dose/Frequency	Effects/Side Effects
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I certify that the above referenced client/patient has a "physical or mental impairment that substantially limits one or more of the major life activities of such individual" as defined by the ADA Amendments Act of 2008 (ADAAA). In addition, I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (please print):

Signature of Professional:

License#:

 Date:

Address:

Phone#:

 Fax#:

Return this form to our office as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.

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