



**Office of Disability Services**

Division of Student Affairs  
University of Missouri

S5 Memorial Union  
Columbia, MO 65211

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E-MAIL [disabilityservices@missouri.edu](mailto:disabilityservices@missouri.edu)

<http://disabilityservices.missouri.edu>

The student named below has requested services from the Office of Disability Services at the University of Missouri. In order to determine eligibility and to provide services we require **documentation** of the student's **psychological disability**.

Under the ADA (Americans with Disabilities Act) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities may be entitled to reasonable accommodations. A disability is defined as a "physical or mental impairment that substantially limits one or more major life activities." To establish that an individual is qualified, **documentation must confirm that a specific disability exists** and that the disability requires accommodation. Documentation **must also support the request** for specific accommodations and academic adjustments.

The information you provide will not become part of the student's educational records. It will be kept in the student's file at Disability Services, where it will be held strictly confidential. Please attach any additional information you think would be relevant to the student's need for accommodations. Please contact us if you have questions or concerns. Thank you for your assistance with this process.

**Student's name:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_ **Date of Diagnosis:** \_\_\_\_\_

**Date student was last seen:** \_\_\_\_\_

**DSM-IV diagnosis:**

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

How did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful.

- Structured or unstructured interviews with person himself or herself.
- Interviews with other persons.
- Behavioral observations.
- Developmental history.
- Educational history.
- Medical history.
- Neuro-psychological testing. Date(s) of testing?
- Psycho-educational testing. Date(s) of testing?
- Standardized or un-standardized rating scales.
- Other (please specify).

Please check which of the life activities listed below are affected because of the psychological diagnosis. Indicate the level of limitation.

LIFE ACTIVITY	NO IMPACT	MODERATE IMPACT	SUBSTANTIAL IMPACT	DON'T KNOW
Concentrating	_____	_____	_____	_____
Memory	_____	_____	_____	_____
Sleeping	_____	_____	_____	_____
Eating	_____	_____	_____	_____
Social Interactions	_____	_____	_____	_____
Self-care	_____	_____	_____	_____
Managing internal distractions	_____	_____	_____	_____
Managing external distractions	_____	_____	_____	_____
Meeting deadlines	_____	_____	_____	_____
Attending class	_____	_____	_____	_____
Making and keeping appts.	_____	_____	_____	_____
Stress management	_____	_____	_____	_____
Organization	_____	_____	_____	_____
Taking exams	_____	_____	_____	_____

What other specific symptoms might affect the student's academic performance?

What medications is the student currently taking?

How effective is the medication?

How might side-effects, if any, affect the student's academic performance?

Is the student compliant with the prescribed treatment regimen?

What is the student's prognosis?

How long do you anticipate that the student's academic achievement will be impaired by his or her disability?

Circle one:                  6 months                  1 year                  More than 1 year

Is there anything else you think we should know about the student's psychological disability?

What specific academic accommodations would you recommend for this student?

<b>CERTIFYING PROFESSIONAL*</b>	
Printed Name:	_____
Signature:	_____
Address:	_____
	_____
	_____
Telephone:	_____
Fax:	_____

\*Qualified diagnosing professionals include, but are not limited to, licensed psychologists, psychiatrists and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented medical disorder or condition and follow established practices in the field.