



**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: Valerie St. Germain Email: vstger@saic.edu Disability and Learning Resource Center The School of the Art Institute of Chicago 116 S. Michigan Avenue 13 th Floor Chicago, IL 60603	(312) 499-4278 Office (312) 499-4290 (fax)
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