

DOCUMENTATION OF PSYCHOLOGICAL CONDITION

Students requesting services or accommodations at UCSB through the Disabled Students Program are required to provide current documentation completed by a provider who has treated the student in the past 6 months. Documentation standards must include functional impacts beyond clinical symptom descriptions.

Eligibility is based upon documented clinical data, not simply self-report or evidence of a diagnosis. DSP requires more comprehensive documentation in order to determine if the condition rises to the level of disability, and, if so, determine appropriate academic support services.

Note that not all conditions listed in the DSM-5 are disabilities, or even impairments, for purposes of ADAAA. Therefore, a diagnosis does not, in and of itself, meet the definition of a disability necessitating reasonable accommodations under ADAAA or Section 504 of the Rehabilitation Act of 1973.

PLEASE NOTE: All information that you provide will be shared with the student. Thank you for your assistance.

TO BE COMPLETED BY PROVIDER

Today's Date:

Student Name:

Student 7 Digit ID Number:

Phone:

Email:

I. DSM-5 Diagnosis:

Please include all relevant diagnostic information, including subtypes and/or specifiers for diagnostic domains & subgroups (as indicated in DSM-5), including V/Z codes: psychosocial and environmental stressors.

Primary Focus of Clinical Treatment:

Please provide all pertinent DSM-5 codes or diagnoses:

Secondary Medical Conditions:

Please provide all pertinent DSM-5 codes or diagnoses:

Please indicate the “moderate to severe” symptoms associated with this disorder that currently impact the student:

Overall Level of Severity:

Mild

Moderate

Severe

Partial Remission

Residual State

II. Treatment

Please provide a brief summary of the diagnostic interview(s). This should include the chief complaint, history of presenting symptoms and past functioning, duration and severity of the disorder, and relevant, developmental, historical, and familial data.

Number of sessions with the student:

Date you first saw the student:

How often do you provide treatment?:

When did you last evaluate this student?:

Please list other providers the student is in treatment with:

Frequency of treatment with other providers:

Is the student currently a danger to self or others? Yes No

If yes, please explain:

Has the student ever been hospitalized for psychiatric reasons? Yes No

If yes, please explain:

The student's condition is:

Stable

Improving

Worsening

Cyclical

If the student's condition is episodic in nature, what is the duration of episodes?

How often does the student experience episodes?

What is the level of severity **when the student is at the height of an episode?**

Mild

Moderate

Severe

Partial Remission

Residual State

Variable Prognosis?

Poor

Guarded

Fair

Good

Excellent

Prescribed Medications & Dosages:

Is the student currently being prescribed medications? Yes No

Please list medications the student is currently taking:

Is the student compliant with medications? Yes No

How long has the student been on the current medication?

Does medication mitigate the student's symptoms?

Completely

Partially

Not mitigated

III. IMPACT ON MAJOR LIFE ACTIVITIES

PLEASE NOTE: We request data-based evidence (such as psychoeducational, neuropsychological, and/or norm-based behavioral assessments. When available, please attach a report that lists all testing results (including standard scores and subtests) and an explanation of how test scores were used to arrive at your conclusion that the components of learning that you checked are substantially affected.

Which, if any, of the other major life activities below does the impairment(s) affect?

Physical Limitations:

Breathing:

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Caring for self

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Hearing

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Learning

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Performing manual tasks

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Seeing

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Speaking

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Working

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Walking

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Other (Please specify)

Learning Limitations

Engagement

Attending

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Concentrating

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Thinking

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Writing

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Avoidance (please specify behavior)

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Cognitive Processing

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Long-Term Memory

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Short-Term Memory

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Effect of anxiety on cognitive functioning

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Distractibility

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Difficulty in adapting to new learning situations

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Reading

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Accessing prior knowledge

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Exploration

Answering

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Decision-making

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Investigating

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Organizing

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Performing

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Planning

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Problem solving

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Time management

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Explanation

Analyzing

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Reasoning

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Supporting with evidence

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Participating in class discussions

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Giving oral presentations/group projects

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Reflecting

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Extension

Applying understanding to the real world

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Expanding understanding

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Evaluation

Demonstrating knowledge on instructor-generated scoring tools

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Processing speed

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Behavioral/Interpersonal Limitations

Frequent emotional outbursts

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Irritability/agitation

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Restlessness

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Interpersonal fears or suspiciousness

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Preoccupation with self

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Rambling, pressured speech

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Changes in appetite

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Avoidance of social interactions

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Attending class

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Changes in sleeping please specify:

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Initiating work

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Suicidal ideation: active passive

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Motivation

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Difficulty initiating interpersonal conduct

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Other, please specify:

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Perceptual Limitations

Visual hallucinations

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Auditory hallucinations

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Other, please specify:

Unknown
No impact
Minimal Impact
Moderate Impact
Severe Impact

Medication Side Effects

Drowsiness

Unknown
No impact
Minimal Impact
Moderate Impact
Severe Impact

Blurred Vision

Unknown
No impact
Minimal Impact
Moderate Impact
Severe Impact

Restlessness

Unknown
No impact
Minimal Impact
Moderate Impact
Severe Impact

Fatigue

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Confusion

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Thirst

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Memory Loss

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Anxiety

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

Other, please specify:

Unknown

No impact

Minimal Impact

Moderate Impact

Severe Impact

IV ASSESSING FUNCTIONAL LIMITATIONS

What methods were used to determine the impact on major life activities?

Structured or Unstructured interviews with the student

Please explain:

Interviews with other persons

Please explain:

Behavioral Observations

Developmental History

Educational History

Medical History

Neuro-psychological testing. Attach results. Dates of testing:

Psycho-Educational Testing. Attach Results. Dates of Testing:

Standardized or non-standardized rating scales. Please explain:

Other (Please Specify):

Provider Information

Please Print Name:

License/Certification number:

Diagnosing Professional Signature:

Supervisor's Signature (if applicable):

Supervisor's License number (if applicable):

Phone:

Fax:

Date form completed:

How to Submit Documentation to DSP

You may return the completed form in any of the following ways:

- **Fax:** (805) 893-7127
- **Mail:**
University of California, Disabled Students Program
2120 Student Resource Building
Santa Barbara, CA 93106-3070
- **Via Student:** Give the form to the student, who can upload it to the portal.

Important: Documentation is incomplete without the clinician's signature.

For questions, please call DSP at (805) 893-2668. Thank you for your assistance!