



# Documentation of a Psychiatric or Psychological Disability

Office of Access and Disability Services

At Sarah Lawrence College, students who request accommodations for a disability are required to submit documentation to verify eligibility under Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of (ADA). This form is provided in the interest of assuring that evaluation reports are appropriate to document eligibility for students who seek accommodations for a psychiatric or psychological disability. Please fill out the form completely. If you prefer, instead of using the form, you may write a brief report on your letterhead, as long as the report includes the same requested information. Any questions should be directed to the Office of Access and Disability Services at [disabilityservices@sarahlawrence.edu](mailto:disabilityservices@sarahlawrence.edu).

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Please list all DSM-5 or ICD-10 Diagnoses (text and code):**

a. Date of: Original Diagnosis: \_\_\_\_\_ Last Evaluation: \_\_\_\_\_

b. Is the student currently in treatment with you?                      Yes                      No

If yes, how often do you meet? \_\_\_\_\_

c. Current Severity: \_\_\_\_\_

**2. A description of the diagnostic methodology used.** Include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Diagnostic methods that are congruent with the particular disability and current professional practices are recommended.

**3. A description of the current functional limitations.** Information on how the disabling condition(s) currently has an impact on the individual in an educational setting is necessary for both establishing a disability and identifying possible accommodations. It should identify the major life activity that is being substantially limited.

4. **A description of the expected progression or stability of the disability.** Include statement on expected changes in the functional impact of the disability over time and context. If the condition is not stable, information on interventions for exacerbations (including the individual's own strategies) and recommended timelines for re-evaluation are helpful.
  
5. **A description of current and past accommodations, services and/or medications.** Describe any adverse side effects to medication if applicable.
  
6. **Please state specific recommendations regarding accommodations for this student (i.e., academic, housing) and a rationale as to why these accommodations are warranted based upon the student's functional limitations.**

Recommended Accommodation

Rationale

**Certifying Qualified Evaluator(s):** Qualified evaluators are defined as licensed individuals who are qualified to evaluate and diagnose psychiatric disabilities or who may serve as members of the diagnostic team. **Diagnoses of psychiatric disabilities documented by family members will not be accepted.**

License #: \_\_\_\_\_ State: \_\_\_\_\_

Name and Title (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL DOCUMENTATION IS FILED CONFIDENTIALLY WITH ACCESS AND DISABILITY SERVICES.**  
 No documentation will be released to other departments, such as Health and Wellness, without the student's consent.

THANK YOU FOR YOUR ASSISTANCE IN PROVIDING THIS INFORMATION.

Please returned this signed form to: [disabilityservices@sarahlawrence.edu](mailto:disabilityservices@sarahlawrence.edu)