University of Massachusetts Lowell
UMASS Learning with Purpose

Wellness Center, University Crossing
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DISABILITY SERVICES

CERTIFICATION OF PSYCHOLOGICAL DISABILITY

The student named below has applied for services from the Student Disability Service at UMASS Lowell. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability.

Under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentations must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please print it, sign it, and email or FAX it to us at the address in our letterhead. The information you provide will not become part of the student's educational records, but will be kept in the student's file at SDS, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

RELEASE OF INFORMATION

I, _____ hereby authorize the release of the following information to the Office of Disabilities Services at University of Massachusetts Lowell for the purpose of determining my eligibility for educational accommodations.

_____	_____	_____
Signature	Student ID	Date

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Student Psychological Form

1. Student's Name: _____ Date: _____

2. What is your DSM-IV multiaxial diagnosis for this student?
   a. Axis I: _____
   b. Axis II: _____
   c. Axis III: _____
   d. Axis IV: _____
   e. Axis V: _____

3. Date of above Diagnosis: _____ 4. Date last seen: _____

5. In addition to DSM-IV criteria, how did you arrive at your diagnosis?
(Please check all relevant items below, ***adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.)***

- ☐ Structured or unstructured interviews with student
- ☐ Interviews with other persons
- ☐ Behavioral observations
- ☐ Developmental history
- ☐ Educational history
- ☐ Medical history
- ☐ Neuropsychological testing. Date(s) of testing: _____
- ☐ Psycho educational testing. Date(s) of testing: _____
- ☐ Standardized or non-standardized rating scales.
- ☐ Other (Please specify): _____

6. Please check with of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	**No Impact**	**Moderate Impact**	**Severe Impact**	**Don't Know**
Concentrating	☐	☐	☐	☐
Memory	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Social interactions	☐	☐	☐	☐
Self care	☐	☐	☐	☐
Managing internal distractions	☐	☐	☐	☐
Managing external distractions	☐	☐	☐	☐

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Timely submission of assignments	☐	☐	☐	☐
Attending class regularly & on time	☐	☐	☐	☐
Making and keeping appointments	☐	☐	☐	☐
Stress management	☐	☐	☐	☐
Organization	☐	☐	☐	☐

7. Is this student currently taking medications(s) for these symptoms?

☐ Describe medication(s), date(s) prescribed, effect on academic functioning and side effects.

☐ Do limitations/symptoms persist even with medications?

8. What is the student's prognosis? How long do you anticipate the student's academic achievement will be impacted by this disability?

☐ Six months ☐ One year ☐ One year +

9. Other information…

a. What other specific symptoms currently manifesting themselves might affect the student's academic performance?

_____

_____

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

_____

_____

10. CERTIFYING PROFESSIONALS* Fill in this section by hand on the printed form:

Professional's Name and Title (print): _____

Signature of Professional: _____

License No: _____ Date: _____

Address : _____ Tel No: _____

City, State, Zip: _____ Fax No. _____

**Qualified diagnosing professionals are licensed psychologist, psychiatrists and neurologists. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.*