

Requirements for Reports Documenting Psychological Disorders

Western Illinois University's office of Disability Support Services (DSS) facilitates accommodations and services for qualified students with disabilities enrolled at Western. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) protects students from discrimination on the basis of disability and ensures the provision of reasonable accommodations. The following documentation guidelines establish that a student is eligible for accommodations and services under these laws, demonstrate that the disability produces a significant, functional impact on a major life activity, and support the student's request for accommodations. **All professional reports or letters from professionals should be type-written on professional letterhead, dated, and signed.**

A. Qualified Evaluator

Professionals conducting assessments and rendering diagnoses of mental disorders must have comprehensive training and relevant experience with evaluating adults with mental disorders (psychologists and relevantly trained medical doctors).

B. Current Documentation

DSS professionals must be able to ascertain the current impact of the condition in order to determine appropriate accommodations. Therefore, the documentation should be up-to-date and address **current** functional limitations.

C. Comprehensive Report

A comprehensive report should include the following information:

- Relevant developmental, educational, and accommodation history
- Type and severity of current symptoms that meet DSM-IV criteria and effects of these symptoms on general and cognitive functioning
- Currently prescribed or recommended treatment and their effects on general and cognitive functioning
- Types of activity that are specifically contraindicated by the student's condition
- Definitive diagnostic statement
- Complete Multiaxial Evaluation Report (see back for example) should be included with the written report

D. Need for Accommodations

The report should describe the current and significant functional limitations that warrant accommodations and contain recommendations for accommodations that are directly linked to those limitations. Accommodations are not provided for mild conditions.

Professional Evaluator's Documentation Checklist:
Psychological Disorders

Student Information

Student Name: _____
Student ID Number: _____
Campus Address: _____
Local Phone Number: _____
Date of Birth: _____
Date of Evaluation: _____

Student's Present Symptoms

Please list present symptoms and describe their severity using mild, moderate, and severe.

Symptom	Severity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Diagnosis

Multiaxial Evaluation Report (DSM-IV-TR, 2000) Please include all relevant DSM-IV and ICD-9-CM names and diagnostic codes.

Axis I: Clinical disorders and other conditions that may be a focus of clinical attention

Axis II: Personality disorders and mental retardation

Axis III: General medical conditions

Axis IV: Psychological and environmental problems

Axis V: Global Assessment of Functioning Scale

Medication & Side Effects

Please list prescribed medications and any reported or potential side effects. _____

Recommendations for Accommodations/Referrals

- Extended time for exams (time and a half)
- Extended time for exams (double time)
- Reduced distraction environment (semi-private room) for exams
- Reduced distraction environment (private room) for exams
- Note taking assistance
- Should be allowed to take more than the allowed amount of online classes
- Referral for personal counseling
- Referral for time management skills training
- Referral for study skills training
- Referral for organizational skills training
- Referral for test taking skills training
- Private room in the residence halls. If recommending this accommodation, please specify the reason why a private room is needed. _____

Absence leniency. If recommending this accommodation, please specify the reason for absences and estimate the frequency of absences given the student's current condition. _____

- Referral for further assessment. Please indicate all that apply
- Alcohol and drug Learning disability
- Other accommodations. Please list. _____

Evaluator Information

Evaluator Name: _____

Evaluator Title: _____

Evaluator Signature: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____