

Butler Community College
Office of Disability Services

Certification of Psychological Disability

The student named below has applied for services from the Office of Disability Services at Butler Community College. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability.

Under the Americans with Disabilities Act (ADA) 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, documentation must indicate that a specific disability exists and the disability 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.

After completing this form, please mail it to us at the address below:

Butler Community College
Director of Disability Services
901 S. Haverhill Rd.
El Dorado, KS 67042

The information that you provide will be kept in the student's file in the disability Services Office where it will be held strictly confidential. This form may be released to students upon request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic process. Please contact us if you have questions or concerns. Thank you for your assistance.

Student's name: _____

Today's Date: _____ Date of Diagnosis: _____

DSM-IV diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

In addition to DSM-IV criteria, how did you arrive at your diagnosis? Please check all the 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 the person

- Interviews with other persons

- Behavioral observations

- Developmental history

- Educational history

- Medical history

- Neuro-psychological testing. Date(s) of testing?

- Psycho-educational testing. Date(s) of testing?

- Standardized or un-standardized rating scales.

- Other (Please specify)

Please check which of the life activities listed below are affected because of the psychological diagnosis. Indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't know
Concentrating				
Memory				
Sleeping				
Eating				
Social interactions				
Self-care				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Attending class regularly and on time				
Making and keeping appointments				
Stress management				
Organization				

What other specific symptoms manifesting themselves at this time might affect the students academic performance?

What medications is the student currently taking? How effective is the medication? How might the side-effects, if any, affect the student's academic performance?

What is the student's prognosis? How long do you anticipate that the student's academic achievement will be impacted by his/her disability?

Circle one: 6 months 1 year More than one year

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

Certifying Professional

Printed name _____

Signature _____

Title _____

Address _____

Telephone _____

Fax _____