Center for Student Academic Support
800 South Tucker Drive
210 Lorton Hall
Tulsa, Oklahoma 74104
ph: (918) 631-2315 / f: (918) 631-3459
E-mail: csas@utulsa.edu
www.utulsa.edu/csas

PSYCHIATRIC/PSYCHOLOGICAL DISABILITY VERIFICATION

PLEASE REVIEW CAREFULLY

The student named below has applied for services from the Center for Student Academic Support (CSAS) at The University of Tulsa. The University of Tulsa provides academic services and accommodations to students with psychiatric/psychological disabilities. Students seeking services must provide appropriate medical documentation of their condition so that The University of Tulsa's Eligibility Committee can determine the student's eligibility for accommodations, and then, if the student is eligible, decide on the appropriate academic accommodations.

The Americans with Disabilities Act (ADA) defines disability as "a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment." Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Documentation required to verify the student's condition and its severity includes completion of this form or provision of equivalent information to CSAS by a professional with the appropriate training and credentials. Depending on the student's condition, the appropriate professional should be a licensed psychiatrist, psychologist, or other qualified and licensed mental health professional. Any professional completing this form must have first-hand knowledge of the student's condition, experience in working with college students with psychiatric/psychological conditions and a familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Diagnoses of psychiatric/psychological disabilities documented by family members are unacceptable. For additional information regarding documentation guidelines, refer to the **Educational Testing Services** (ETS) guidelines at www.ets.org.

Student: Complete this section.

_____ _____ _____
Last Name First Name M.I.

_____
Signature of Student requesting release of information to the University of Tulsa

Certifying Professional: Complete this and all subsequent sections.

Today's Date: _____

Printed Name: _____

Signature: _____
Signature denotes: content accuracy, adherence to professional standards and guidelines on page 1 of this document.

License Type: _____

License Number: _____ State: _____ Exp. Date: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Diagnostic and Statistical Manual Diagnosis (DSM)

Axis I: _____ Code: _____

Axis II: _____ Code: _____

Axis III: _____ Code: _____

Axis IV: _____ Code: _____

Axis V: _____ Code: _____

Primary diagnosis/diagnoses and date of onset:
_____
_____
_____
_____

Student's last appointment: (check one)

ˆ<month ˆ<1 yr ˆ>1 yr

Appointment frequency: (check one):

ˆ weekly ˆ monthly ˆ annually ˆ as needed

Expected duration of primary condition: (check one)

ˆ permanent ˆ temporary

How long do you anticipate that the student's academic achievement will be impacted by the primary condition? (check one)

ˆ < 6 mos ˆ < 1 yr ˆ > 1 yr

Student's prognosis?

Diagnostic Tools

In addition to DSM criteria, how did you arrive at your diagnosis/diagnoses?
Please check any relevant items below.

ˆ Interviews with the student

ˆ Interviews with other persons

ˆ Behavioral observations

ˆ Developmental history

ˆ Medical history

ˆ Psychological Testing (specify tests administered)
_____
_____

ˆ Neuro-psychological testing (specific test administered; attach results)
_____
_____

ˆ Psycho-educational testing (specific tests administered)

_____

_____

ˆ Self rated or interviewer rated scales

ˆ Other

Medication and Prescribed Aids

1. What medication and prescribed aids are currently being used in the treatment of the diagnosis/diagnoses above?

2. Is the student compliant with medications and prescribed aids as part of the treatment plan? If no, please explain.

3. Describe any medication side-effects that may adversely affect the student's academic performance.

4. Describe any other relevant aspects of this condition that may impact educational or interpersonal behavior and achievement.

5. From your medical perspective, describe possible accommodations that could facilitate the student's academic performance.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Major Life Activity

For each major life activity listed, denote the level of impact for **both without and with** medication and prescribed aids.

Life Activity		No Impact	Moderate Impact	Substantial Impact	Don't Know
A. Concentration	Without	☐	☐	☐	☐
	With	☐	☐	☐	☐
B. Long term memory	Without	☐	☐	☐	☐
	With	☐	☐	☐	☐
C. Short term memory	Without	☐	☐	☐	☐
	With	☐	☐	☐	☐
D. Sleeping	Without	☐	☐	☐	☐
	With	☐	☐	☐	☐
E. Eating	Without	☐	☐	☐	☐
	With	☐	☐	☐	☐
F. Social interactions	Without	☐	☐	☐	☐
	With	☐	☐	☐	☐

G. Self-care	Without With	ˆ ˆ	ˆ ˆ	ˆ ˆ	ˆ ˆ

H. Managing internal distractions	Without With	ˆ ˆ	ˆ ˆ	ˆ ˆ	ˆ ˆ
I. Managing external distractions	Without With	ˆ ˆ	ˆ ˆ	ˆ ˆ	ˆ ˆ
J. Time management	Without With	ˆ ˆ	ˆ ˆ	ˆ ˆ	ˆ ˆ
K. Motivation	Without With	ˆ ˆ	ˆ ˆ	ˆ ˆ	ˆ ˆ
L. Stress management	Without With	ˆ ˆ	ˆ ˆ	ˆ ˆ	ˆ ˆ

M. Organization	Without With	ˆ ˆ	ˆ ˆ	ˆ ˆ	ˆ ˆ
N. Other (explain)	Without With	ˆ ˆ	ˆ ˆ	ˆ ˆ	ˆ ˆ

Please return the completed form directly to:

Tawny Taylor, Ph.D., Director
Center for Student Academic Support
800 South Tucker Drive
Tulsa, OK 74104-3189

Phone: 918.631.2315
Fax: 918.631.3459
csas@utulsa.edu