

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

SERVICES TO STUDENTS WITH DISABILITIES

6000 J Street, Sacramento, California 95819-6042 (916) 278-6955 (916) 278-7825 FAX (916) 278-7239 TDD

**CONFIDENTIAL DISABILITY DOCUMENTATION
Psychological Disorders Including ADD/ADHD and Cognitive/Intellectual Disabilities**

The student named below may be eligible for services offered through this office. In order to provide these services, we must have verification of the student's disability. Please be assured that the information provided below will be used in confidence for the educational benefit of the student.

Section I – To be completed by the student:

Student Name (Print): _____ SS#: _____

Student Signature: _____ Date: _____

Section II – To be completed by a licensed Psychiatrist, Clinical Psychologist, Neuropsychologist, or other relevantly trained Medical Practitioner:

1. Date of last office visit: _____ Date of Diagnosis: _____

2. Multiaxial DSM IV-TR Classification(s): _____

3. Severity Level: Mild Moderate Severe Partial Remission Residual State

4. Assessment/evaluation procedures: _____

5. Current symptoms: _____

<u>List Medications</u>	<u>Quantity</u>	<u>Frequency</u>	<u>Side Effects Experienced</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Describe any functional limitations that affect academic tasks: (e.g. easily distracted; poor concentration; difficulty focusing for extended periods of time; difficulty formulating and executing plans of action; difficulty overcoming unexpected obstacles; panic or confusion in unfamiliar surroundings and situations; etc.) _____

8. What is the prognosis for this student? _____

Signature of Health Professional: _____ Date: _____

Name (please print): _____ License #: _____

Address: _____ Phone: () _____

Please return this form to the SSWD office as soon as possible so this student may begin receiving services from our program. If you have any questions, please call (916) 278 – 6955. Additionally, please feel free to add any verifying documents from your files.

PSYCHOLOGICAL DISABILITY

A) Psychological disability means a condition which:

- (1) Is listed in the American Psychiatric Association Diagnostic and Statistical Manual, Fourth Edition – Revised (DSM IV-TR), or succeeding equivalent revisions of that publication, and is coded on Axis I-V; and
- (2) Reflects a psychiatric or psychological condition that interferes with a major life activity; and
- (3) Poses a functional limitation in the educational setting.

B) The following conditions do not constitute psychological disabilities:

- (1) Any condition designated by the DSM IV-TR or succeeding equivalent revisions with a V code, signifying that it is not attributable to a mental disorder;
- (2) Any condition designated by the DSM IV-TR or succeeding equivalent revisions as a Developmental Disorder (Mental Retardation, Pervasive Developmental Disorders, or other Developmental Disorders).

C) According to the 1990 Americans with Disabilities Act (ADA) and 504 of the 1973 Rehabilitation Act, the following are excluded from coverage:

Pedophilia, exhibitionism, voyeurism, gender identity not due to physical impairments, other sexual behavior manifestations (e.g., homosexuality, bisexuality and transvestitism), compulsive gambling, kleptomania, pyromania and psychoactive substance use disorders resulting from current illegal use of drugs.

A person who is in recovery from alcoholism, has successfully completed or is participating in a supervised drug rehabilitation program, or has otherwise been rehabilitated successfully, would be covered under ADA 504.