

Office of Disability Services

Guidelines for Documentation of a Psychiatric Disability

(“Psychiatric Disabilities” is a generic term used to refer to a variety of conditions involving psychological, emotional, and behavioral disorders and syndromes.)

To be completed by Diagnosing Professional (*must be a licensed mental health professional*):

Please provide information about:

(Student’s name)

Permission for release of information to Southern New Hampshire University:

Signature of

Student: _____ Date: _____

Eligibility requirements for support services for students with psychiatric disabilities:

1. Student provides verification of diagnosis and severity of condition. Diagnosis and severity must have been updated within the past year (at the discretion of the Office of Disability Services). Southern New Hampshire University reserves the right to request additional information in the determination of reasonable accommodations.
2. Student is assessed as having a functional limitation in the educational setting. A psychiatric disability may prevent student from equal access to classes, activities, or services offered by the University to non-disabled students unless specific additional support services or accommodations are provided.

3. DSM IV Diagnosis:

4. Level of Severity: (circle one) mild moderate severe
Global Assessment of Functioning Scale Score:

5. Date of Diagnosis: _____

Length and type of treatment:

Last contact with student:

6. Describe symptoms which meet the criteria for this diagnosis with approximate date of onset (**please attach diagnostic report**):

7. Has this student received hospitalization/residential treatment within the past calendar year? If so, please give relevant dates and locations of treatment.

8. Describe this student's functional limitations in an educational setting (e.g., learning in classes, studying, performing academic skills, etc.):

9. Describe this student's functional limitations in social settings typically related to post-secondary education (e.g., living on campus, participating in campus activities, etc.)

10. Do you have any recommendations to make regarding effective accommodations to equalize this student's educational, social and residential opportunities at the post-secondary level?

11. Provide a medication history and a current medication status related to this disability:

12. Does current medication alleviate the student's functional difficulties?

13. Does medication contribute to or create functional difficulties (i.e., difficulty waking early, concentrating, etc.)?

In addition to the report, please attach other information relevant to this student's social and academic adjustment at Southern New Hampshire University.

Signature of Diagnosing Professional:

PLEASE PRINT CLEARLY

Print name and title:

Agency/Address _____

Phone _____ Date _____

All documentation is confidential and should be submitted directly to the Office of Disability Services:

Office of Disability Services
Hyla Jaffe, Director
Southern New Hampshire University
2500 North River Road, Exeter Hall, Suite 59
Manchester, NH 03106-1045
Phone: 603-626-9100, ext.2386
Fax: 603-645-9718

Note: Students may be required to furnish periodic recertification of continuing need.