



Disability Services Psychological Disorders Documentation Form

Definition

A psychological disorder is any mental condition that prevents one's ability to manage emotion, thinking and/or behavior resulting in distress and associated with difficulties across various situations or environments such as at work, in social interactions, and/or performing daily activities compared to the general population.

Examples of common types

schizophrenia, bipolar disorder, major depressive disorder, schizoaffective disorder, borderline personality disorder, various anxiety disorders (generalized anxiety, social anxiety, separation anxiety, agoraphobia, panic disorder, selective mutism, specific phobia)

This is not an exhaustive list.

Common treating professionals

psychologist, psychiatrist, psychoanalyst, psychiatric nurse, psychotherapist, mental health counselor, therapist, or social worker

Notes for consideration

- Any accommodation recommendation must be related to the disability. Please consider any recommendation in relation to a postsecondary environment not K-12. Accommodation recommendations are recommendations not requirements. Documentation is only one part of the interactive process.
- Test anxiety by itself is not considered a psychological disorder.
- This is not the proper documentation guidance form to document ADHD, ASD, ABI or other neurological or cognitive disabilities
- Documentation may need to be updated to ensure appropriate accommodations over time.
- A diagnosis and disability are not synonymous. A disability must be present to be eligible for accommodations.
- The full Board of Regents guidelines may be found here: [BOR Disability Documentation](#)

Required documentation

Documentation should be provided by your treating specialist. The specialist may submit a letter on professional letterhead or complete the attached form. The following information is required:

1. DSM diagnosis and corresponding number, professional's name, license number and signature and history with the student
2. Data collected that informed the diagnosis. This should include more than a personal questionnaire or personal report over a single visit with the client.
3. Description of individual's history regarding disability (when diagnosed and how it manifested and displayed in this particular person)
4. Description of current symptoms associated with the impairment and current functioning at the time of request for services
5. Current severity of the disorder and prognosis for this individual
Is it a chronic, episodic or temporary?
6. Current treatment and stability of this individual in regard to their disability
7. Side effects of treatment or medication
8. Limitations in relation to academics, housing, or the general college environment



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Student name and GGC ID number:

DSM diagnosis name and number:

*Please fill out a new form for each diagnosis.

Description of the individual's history regarding their disability (Please include the date of diagnosis, how it manifested and displayed in the individual and the date treatment began.)

What data was collected to inform the diagnosis and degree of severity? This should include more than a personal report over a single visit or a single questionnaire. Please attach any additional information or evaluation or assessment results.

Description of current symptoms associated with impairment and current functioning

Current severity of the disorder

Current prognosis for this individual
(chronic, episodic or temporary)

Current treatment plan and stability of the individual (include medications and side effects)

Limitations in relation to academics, housing, or the general college environment

Provider name and title:

License #:

Provider address and phone:

Provider signature and date:

