

JOLIET JUNIOR COLLEGE

STUDENT ACCOMMODATIONS & RESOURCES

1215 Houbolt Road
Joliet, IL 60431
(815)729-9020 Ext. 2230
FAX (815)280-2820

PSYCHOLOGICAL DISABILITY DOCUMENTATION

Date: _____ Date of Birth: _____

Name of Student: _____

Dear Medical Professional:

The student whose name appears above has applied for services from Student Accommodation and Resources (StAR) at Joliet Junior College. In order to verify the presence of a disability and determine the student's eligibility for services, we will need your assessment and diagnosis of this student. Please assist the student by completing the information below. You can fax or mail the form to us at the address above. If you prefer, you can answer these questions in a signed and dated letter on your professional letterhead.

1. Does the patient/student have a diagnosable mental disorder? If so, what is the specific Multi-Axis DSM IV classification? Please code in 5 axes.

Axis I:	Clinical Disorders
Axis II:	Personality Disorders, Mental Retardation
Axis III:	General Medical Conditions
Axis IV:	Psychosocial and Environmental Problems
Axis V:	Global Assessment of Functioning

On what date did you make this diagnosis: _____

2. What were the assessment or evaluation procedures used to make the diagnosis?

3. Is there historical data that is pertinent to the disability?

4. What are the major symptoms of the disorder currently manifested by the patient/student, including level of severity?

5. If medications are currently prescribed, are there any substantial side effects for this individual?

6. What are the current functional limitations imposed by this disorder?

7. What is the current prognosis? When did you last see this individual?

8. What educational accommodation do you recommend?

Indicate the effect of the disorder on each of the major life activities listed below. Please indicate the effect without and with medication.

Life activity		No impact	Moderate impact	Don't know
Concentration	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term memory	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term memory	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing distractions	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)	Without	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	With	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Professional

Date

Professional/s Name (printed) and Title

License Number

Street Address

Telephone Number

City, State, Zip

Fax Number