HARFORD COMMUNITY COLLEGE
CERTIFICATION OF PSYCHOLOGICAL DISABILITY

The student named below has applied for services from Harford Community College's Disability and Student Intervention Services. In order to be able to determine eligibility and what, if any accommodations are warranted, documentation or additional documentation is needed.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more major life activities (e.g. learning). *A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations.* The documentation must also support the request for accommodations and explain how the disability impacts learning.

Please complete the form and attach a comprehensive evaluation. Return by mail, email or fax to:

Harford Community College
Disability and Student Intervention Services
401 Thomas Run Road
Bel Air, Maryland 21015
Attn: ___________________________
Fax: 443.412.2200
disabilitysupport@harford.edu

Student's Name: ___________________________________ Date: ___________________________

Clinician's Name: ___________________________________ Credentials: ______________________

Address: ____

City: ______________________ State: ___________ Zip: ________________ Phone: ________________

Signature: ____

Professionals conducting the assessment and rendering a diagnosis must be qualified to do so (e.g. a licensed and/or certified mental health professional such as a psychiatrist, neurologist, nationally certified school psychologist, clinical psychologist, licensed clinical social worker, certified psychiatric nurse practitioner, licensed professional counselor or medical provider). The provider signing this form must be the same person answering the questions on the form below.

Please note: it is NOT appropriate for professionals to evaluate members of their family or others with whom they have personal or business relationships.

Name of Student: ____________________________________ Date of Birth: ________________

I, __________________________________, authorize a release of information, allowing the Disability and Student Intervention Services at Harford Community College to contact the physician completing this form to obtain additional information or clarification in order to determine reasonable accommodations.

____ _______________________
Signature Date

DIAGNOSIS

Date of Diagnosis: __________________ Date Last Seen: ____________________

Primary Diagnosis and Diagnostic Code: ____

Specifiers: ____

Secondary Diagnosis and Diagnostic Code: ____

Specifiers: ____

Please list DSM-V Criteria that the student meets:

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In addition to the DSM-V Criteria, how did you arrive at your diagnosis? Please check all relevant items listed below and add brief notes that you feel might be helpful to us as we determine which accommodations and services are appropriate for this student:

- ❑ Structured or unstructured interviews with the student
- ❑ Interviews with other person(s) (Relation to Student: ______________________)
- ❑ Behavioral Observations
- ❑ Developmental History
- ❑ Educational History
- ❑ Medical History
- ❑ Psychological Testing
- ❑ Standardized or un-standardized rating scales
    - Name of Instrument: ____
    - Name of Instrument: ____
- ❑ Other: ____

Please provide a clinical narrative which describes observations, specific test results, and any information relevant to the disability. Please attach collateral information to this form, including psychological, educational, and/or neuropsychological testing.

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CLINICAL DESCRIPTION OF DIAGNOSIS

Please check all relevant symptoms and add additional symptoms not listed here in the space provided below.

- ❑ Anxiety
- ❑ Aggressive Behavior
- ❑ Avoidant Behavior
- ❑ Circumstantial
- ❑ Delusions
- ❑ Depressed Mood
- ❑ Disorganization
- ❑ Disorientation
- ❑ Distractibility
- ❑ Elated Mood
- ❑ Excessive Guilt
- ❑ Fatigue
- ❑Feeling Worthless
- ❑ Hallucinations
- ❑ Hopelessness
- ❑ Hyperactive
- ❑ Hypersomnia
- ❑ Impulsive
- ❑ Impaired Concentration
- ❑ Inattentive
- ❑ Insomnia
- ❑ Irritability
- ❑ Labile Mood
- ❑ Loss of Interest
- ❑ Loss of Appetite
- ❑ Low Self Esteem
- ❑ Memory Impairment
- ❑ Motor Retardation
- ❑ Obsession/Compulsion
- ❑ Overeating
- ❑ Phobia
- ❑ Psychomotor Agitation
- ❑ Racing Thoughts
- ❑ Somatization
- ❑ Tangential Thoughts

Additional symptoms: ____

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SEVERITY: Please check to indicate.

❑ Mild ❑ Moderate ❑ Severe

DURATION: Please check to indicate.

❑ Chronic ❑ Episodic ❑ Short-term

STABILITY: Please check to indicate

❑ Stable ❑ Unstable

Please explain the severity, frequency, and pervasiveness of the condition(s) below. Clearly explain how the symptoms related to the student's condition cause significant impairment in one or more major life activity, specifically addressing how the condition limits the student's functioning in an educational setting for learning or test taking.

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Please describe the stability and/or the expected progression of the disability, including expected changes over time and context. If the condition is not stable, please include information about situations that may exacerbate the condition, as well as interventions (including the student's own strategies) for exacerbation. A timeline for reevaluation would also be helpful.

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CURRENT MEDICATION

Please provide information of current medications, including dosage and frequency:

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Please explain what symptoms are alleviated by medication and what symptoms still exist:

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Please list side effects from current medication:

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How do these side effects affect the student in an educational setting (e.g. difficulty focusing, difficulty remembering, etc.):

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What medication changes (including dosage changes) have there been in the last six months:

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ACCOMMODATIONS

Please indicate your recommendations and justifications regarding classroom and/or testing accommodations in the college environment. Justifications should specify how the accommodations and strategies directly relate to the symptoms and/or functional limitations (e.g., extended time because of focusing difficulties).

Please note: At the college level, the purpose of an accommodation is to correct or circumvent a functional impairment rather than to ensure a student's success. In reviewing the accommodations requested by the student or recommended by an evaluator, the DSIS Office may find that the accommodation is not appropriate given the requirements of a course or program. DSIS may propose an alternative accommodation that would be appropriate for the student, but which neither the student nor evaluator has requested.

Recommended Accommodations	Justification