CAL POLY

CALIFORNIA POLYTECHNIC STATE UNIVERSITY
DISABILITY RESOURCE CENTER

DOCUMENTATION OF PSYCHOLOGICAL IMPAIRMENT
Cal Poly, San Luis Obispo – Disability Resource Center

In order for us to provide disability-related services, we need to establish that this individual has a physical or mental impairment that limits one or more of the major life activities. This form is designed to help us make that determination.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Patient/Student Name ______________________________ **Date:** ______________________
Last First M.I.

Note: Please attach a copy of any supportive report or test results you believe would be helpful to us in determining eligibility and appropriate services.

1. Date of last appointment with this individual: ______________________________

2. Please identify any *current* mental disorder or condition you have diagnosed, or which you have on record, for this individual:

DSM 5 Diagnosis:

Level of Severity: □ **Mild** □ **Moderate** □ **Severe** □ **In partial remission** □ **Residual state**

3. Quality of Life -- In general, this individual's quality of life is:
□ **Excellent** □ **Good** □ **Fair** □ **Poor** □ **Very Poor**

4. For the purpose of our assisting this student, please describe any prescribed medications, their side effects, and/or any potential impact the medications may have on academic performance.

-- Continued on Page 2 --

ONE GRAND AVENUE · SAN LUIS OBISPO, CA 93407-0205 · DRC@CALPOLY.EDU · 805-756-1395 · FAX · 805-756-5451

5. *Functional Limitations*: Please check the level of limitation you believe this individual experiences in the college environment as a result of his or her disability. Check only those boxes that apply.

	Not at all limited/Not Applicable	**Slightly limited**	**Somewhat limited**	**Moderately limited**	**Extremely limited**
Caring for Oneself					
Talking					
Hearing					
Breathing					
Seeing					
Walking/Standing					
Lifting/Carrying					
Sitting					
Performing Manual Tasks					
Eating					
Working					
Interacting with Others					
Sleeping					
Reading					
Writing					
Spelling					
Quantitative Reasoning					
Math Calculating					
Processing Speed					
Memorizing					
Concentrating					
Listening					
Executive Functioning (ex: Time Management, Organization, Planning)					
Other: ________________					
________________					

-- Continued on Page 3 --

6. **Are there other specific symptoms manifesting themselves at this time which might affect the student's academic performance?**

7. **In addition to DSM 5 criteria, how did you arrive at this diagnosis?**

☐ Structured or unstructured interviews	☐ Medical history
☐ Interviews with other persons	☐ Neuro-psychological testing. Date(s) of testing:
☐ Behavioral observations	☐ Psycho-educational testing. Date(s) of testing:
☐ Developmental history	☐ Standardized or un-standardized rating scales
☐ Educational history	☐ Other (Please specify)

8. **Additional documentation attached**? ☐ Yes ☐ No

9. **Is there anything else you think we should know about this student?**

Note: Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, and in some instances family practice physicians. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition, follow established best-practices in the field, and not be related to the patient.

Print Name ________________________________ **License Number:** ____________________

Signature: ____

Address ____

Phone ____________________**Fax** ______________________ **Email**__________________________

Return To:

Disability Resource Center - Bldg. 124-119
California Polytechnic State University -San Luis Obispo, CA 93407-0205
Phone: 805-756-1395 FAX: 805-756-5451

N:\DRC_Public\DRC\Services\Intake\Disability Documentation Policies Guidelines Forms\Clinician forms\Doc_of_Psych_Nov 2014 with Likert Scale.doc