SDSM&T COUNSELING AND STUDENT ADA SERVICES

MENTAL HEALTH/LEARNING DISABILITY DOCUMENTATION

The Office for Disability Services provides services to students with diagnosed psychological and learning disabilities. To determine eligibility for services and appropriate accommodations, this office requires **current and comprehensive** documentation of this disability from the **appropriately licensed, diagnosing mental health, medical or other appropriate professional.**
Please answer the following questions pertaining to:

Name: _____

Date of Birth: _____

1. Date of Diagnosis: _____
2. Date student was last seen: _____
3. DSM-IV or DSM-V Diagnosis:

   Axis I: _____

   Axis II: _____

   Axis III: _____

   Axis IV: _____

   Axis V (GAF Score): _____
4. In addition to DSM-IV and DSM-V criteria, how did you arrive at your diagnosis?

   ____ Structured or unstructured interviews with the student

   ____ Interviews with other persons

   ____ Behavioral observations

   ____ Developmental history

   ____ Educational history

   ____ Medical history

   ____ Neuro-psychological testing. Date(s) of testing? _____

   ____ Psycho-educational testing. Date(s) of testing? _____

   ____ Standardized or non-standardized rating scales

   ____ Other. (Please specify) _____

5. What is the severity of the disorder? **Mild Moderate Severe**

6. What is the expected duration of this disability? **Short Moderate Long-term**
7. Major Life Activities Assessment:

   Please check which of the following major life activities listed above are affected because of the impairment. Indicate severity of limitations.

Life Activity	Negligible	Moderate	Substantial	Don't Know
Concentrating	☐	☐	☐	☐
Memory	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Social Interactions	☐	☐	☐	☐
Self Care	☐	☐	☐	☐
Regular Attendance	☐	☐	☐	☐
Keeping Appointments	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐
Managing Internal Distractions	☐	☐	☐	☐
Managing External Distractions	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐
Organization	☐	☐	☐	☐

8. What specific symptoms or learning problems does the student have that might affect the student's academic performance?

   _____

   _____

   _____

   _____

   _____

   _____

_____

_____

9. Describe any situations or environmental conditions that might lead to an exacerbation of the condition.

_____

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10. Is this student currently receiving educational training, therapy or counseling?

_____

_____

_____

_____

11. Please list current medication(s) including dosage, frequency, and adverse side effects and any other prescribed treatment plan(s) for this student's condition; how might these, if any, affect the student's academic performance?

_____

_____

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_____

_____

_____

_____

Signature:_____Date:_____

Print name, title, and License#:_____

_____

Address: _____

_____

Telephone: _____

Return this information to:

Ms. Megan Reder-Schopp

Director of Counseling and Student ADA Services

South Dakota School of Mines and Technology

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