Certification Of Psychological Disability

Disabled Students' Program
University of California, Berkeley
260 César E. Chávez Student Center
Berkeley, CA 97420-4250
Phone: 510-642-0518 (Voice/TTY)
Fax: 510-643-9686

The student named below has applied for services from the Disabled Students' Program (DSP) at UC Berkeley. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability.

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 substantially limits one or more major life activities. 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 academic adjustments.

After completing this form, please print it out, sign it, and mail or FAX it to us at the address above. The information you provide will not become part of the student's educational records, but will be kept in the student's file at DSP, where it will be held strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student's Name: _____

Today's Date: _____/_____/_____
Month Day Year

DSM-5: Please include all relevant diagnostic information including subtypes and/or specifiers for diagnostic domains and subgroups (as indicated in DSM-5) including V/Z codes: psychosocial and environmental stressors.

Focus of Clinical Treatment:	(Please provide all pertinent DSM-5 codes or diagnoses.)
Psychosocial or environmental stressors:	
Medical Conditions:	

Date of above diagnosis: _____/_____/_____
Month Day Year

Date student was last seen: _____/_____/_____
Month Day Year

Please briefly describe as appropriate the history of presenting symptoms and past functioning, duration of the disorder, and relevant developmental, historical, and familial data.

Which specific symptoms currently manifesting themselves might affect the student's academic performance?

Please check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	**No Impact**	**Moderate Impact**	**Severe Impact**	**Don't Know**
Concentrating				
Memory				
Sleeping				
Eating				
Social interactions				
Self-care				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Attending class regularly and on time				
Making and keeping appointments				
Stress management				
Organization				

Has the student ever been hospitalized for psychiatric reasons? Please explain.

Is this student currently taking medications(s) for these symptoms? ☐ Yes ☐ No

Describe medications(s), date(s) prescribed, effect on academic functioning, and side effects.

Do limitations/symptoms persist even with medications? ☐ Yes ☐ No

The student's condition is: ☐ stable ☐ improving ☐ worsening ☐ cyclically variable

Prognosis (please check one): ☐ Poor ☐ Guarded ☐ Fair ☐ Good ☐ Excellent

Overall Level of Severity (please check one):

☐ Mild ☐ Moderate ☐ Severe ☐ Partial Remission ☐ Residual State

How long do you anticipate the student's academic achievement will be impacted by this disability

☐ Six months ☐ One year ☐ More than one year

Is there anything else you think we should know about the student's psychological disability?

Certifying Professional*

_____	_____
Signature of Professional	Date
_____	_____
Professional's Name (printed) and Title	License No.
_____	_____
Address	Telephone Number
_____	_____
City, State, ZIP Code	Fax Number

Qualified diagnosing professionals would include, but are not limited to, licensed psychologists, psychiatrists, and neurologists, or other professionals with training and expertise in the diagnosis of mental disorders.