



Documentation Checklist for Psychological Disorders

Name:

DOB:

Status:

Enrollment Term:

GENERAL REQUIREMENTS

- Documentation within three years or meets exceptions? Date:
- DSM diagnosis clearly stated? Date:
- Examiner credentials: (Licensed, Certified, etc.)

DIAGNOSTIC INFORMATION

- History of condition
- Duration of condition (chronic, episodic, or short term)
- Symptoms associated with functional limitations
- DOCUMENTATION ACCEPTED**

SYMPTOMS

Describe symptoms relating to the diagnosis

FUNCTIONAL LIMITATIONS (how the condition affects the student academically and/or physically)

Consider limitations related to prescribed medications.

ASSISTIVE TECHNOLOGY

ACCOMMODATION NOTES