

## Psychological Conditions Documentation

A student has requested support services from the Office of Disability Services at SUNY Geneseo in regards to a psychological condition. To be eligible for disability support, ODS guidelines require that students provide documentation of the condition and how it impacts his/her access to learning or other major life activity.

The Americans with Disabilities Act as Amended and Section 504 of the Rehabilitation Act of 1973 protect individuals with disabilities from discrimination and entitle these individuals to reasonable accommodations. To establish that an individual is protected under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities and have an expected duration of not less than 6 months. A diagnosis in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations specifically related to the academic impact.

Please provide documentation as soon as possible so that we may verify the student's eligibility for services. Documentation should be printed on letterhead that lists the Name, Profession, License Number, Office Address, Phone, Fax, and Email of the Certifying Professional. The letter must include all of the information requested below; if this information is not provided, services may be delayed as ODS obtains clarification. Please call 585-245-5112 if you have questions. Documentation may be faxed to 585-245-5091, attached to an email ([disabilityservices@geneseo.edu](mailto:disabilityservices@geneseo.edu)) or it may be mailed to the address at the bottom of this page. ODS welcomes any additional documentation that is pertinent to providing academic and programmatic access for the student.

- DSM-V Diagnosis: Primary/Secondary
- Date of Diagnosis
- Date of initial visit with student
- Date of most recent visit with student.
- Frequency of visits (documentation should evidence an established/ongoing relationship with the student).
- Basis on which Diagnosis was made:
  - Structured or unstructured interviews with student
  - Structured or unstructured interviews with relevant persons (e.g. parent, therapist, professor)
  - Behavioral observations
  - Developmental history
  - Medical history
  - Standardized rating scales
  - Other
- Clinical Manifestations/Symptoms

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Implications/impact for Educational Access: Please indicate which major life activities are affected due to the impact of current psychological functioning and how this determination was made.

- Concentration
  - Memory
  - Cognitive Functioning
  - Stress
  - Sleep
  - Managing internal distraction
  - Managing external distraction
  - Social Interaction
  - Complex/Abstract thinking
  - Time Management
  - Organization & prioritization of tasks
  - Making and keeping appointments
  - Task persistence
  - Activity level
  - Nutrition
  - Communication
  - Personal care
  - Other
- Current Treatment/Intervention Plan
  - Individual therapy/counseling
  - Group therapy/counseling
  - Outpatient Treatment program
  - Inpatient/Hospital Treatment program
  - Medication management
  - Other
- Are you providing the treatment/intervention?
  - If no, please explain
- Is the student adhering to the treatment/intervention plan?
  - If no, please explain

**Does the student currently pose a threat to others? If yes, please explain.**

- Current Medication: list medications and side effects on student performance.
- Explain how the student will be affected or limited by the condition in the academic environment.
- How long do you anticipate the condition impacting academic access?
- Long-term prognosis