

**Center for Access-Ability Resources**  
Division of Student Affairs & Enrollment Management  
Northern Illinois University  
Health Services Building  
DeKalb, Illinois 60115  
Phone: (815) 753-1303/ Fax: (815) 753-9570  
[www.niu.edu/caar](http://www.niu.edu/caar)

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**Psychiatric Disability Documentation**

The student, whose name and signature appear below, has requested disability related services based on a psychiatric diagnosis. The student is requesting that the following information be provided by a licensed professional trained in the field of mental health. Please complete and return this form, and/or send copies of diagnostic evaluation and progress reports (containing the requested information), to the name and address listed above. Please consider this signed consent as authorization to release this information to the Center for Access-Ability Resources.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
ZID

\_\_\_\_\_  
Date

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**Please note: Information provided is considered in determining appropriate disability related resources, including academic accommodations.**

**DSM-IV-TR Diagnosis/Diagnostic Code:**

Axis I

Axis II

Axis V

**Date of Diagnosis** \_\_\_\_\_ **Date of last contact with student** \_\_\_\_\_ **Date of initial contact** \_\_\_\_\_

**Psychological Assessment Instruments and Results:**

**Medications:**

Current medications (dosage and side effects):

Long term medication plan:

Current compliance with medication plan:

**Expected Duration of Condition** (chronic, episodic, or short-term):

**Therapeutic Interventions** (prognosis, current treatment procedures):

**Is there a history of psychiatric hospitalization(s)?**

**Does this person currently pose a threat to themselves or others?** Please explain:

**Level of Current Functioning:**

**Functional Impact of Diagnosis** (academically, physically, and perceptually):

**Is this student aware of and realistic about the disability and how it may impact academic performance?**

**Are there any types of academic environments or specific formats of administered academic exams that would cause additional difficulty for this student?**

**Recommendations for Accommodations and/or Support Services:**

- |  |  |
|--|--|
| <input type="checkbox"/> Classes scheduled around impact of psychotropic medications | <input type="checkbox"/> Seating in specific location in class |
| <input type="checkbox"/> Note takers   | <input type="checkbox"/> Food or beverage allowed in class     |
| <input type="checkbox"/> Time extension on exams                                     | <input type="checkbox"/> Tape recording lectures               |
| <input type="checkbox"/> Low-distraction room  | <input type="checkbox"/> Other _____                           |

**Additional Suggested Academic/Instructional Accommodations:**

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**Credentials of Diagnosing Professional:**

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
License/Certification Number & State of Licensure

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

*Please direct any question regarding completion of this form and the nature of information needed to a CAAR staff member at 815-753-1303. Return completed forms to: CAAR, Health Services 4<sup>th</sup> Floor, Northern Illinois University, DeKalb, IL 60115*