

DOCUMENTATION OF PSYCHOLOGICAL IMPAIRMENT

University of California, Davis • Student Disability Center

In order for the University of California, Davis to provide disability-related services, we need to establish that this student has a disability under California law, which defines a disability as an impairment that limits a major life activity. This form is designed to help us make that determination.

PLEASE PRINT OR TYPE YOUR RESPONSES TO THE FOLLOWING QUESTIONS

Student Name: _____ Medical Record #: _____

Last First M.I.

UCD Student ID #: _____ Birth Date: _____

Note: Please attach any supportive report or test results relevant to the documented diagnosis and limitations- particularly where the standard of practice for the diagnosis requires standardized testing.

1. Date of last professional contact with this individual:

2. Please identify any *current* mental disorder or condition you have diagnosed, or which you have on record, for this individual:

Axis I –

Axis II –

Axis III –

Axis IV –

Axis V-

3. Please list all current limitations, along with severity and expected duration, that are the direct result of the identified mental disorder or condition listed above (if any):

Limitation(s)	Severity	Expected Duration
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4. Do the limitations listed above make it difficult for the individual to achieve one or more major life activities? If yes, please identify the major life activities affected:

5. Are there any mediating measures (e.g., medications) that affect the limitations identified above: Please list them and describe their impact:

Note: Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, and in some instances family practice physicians. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.

I certify that I am not directly related to this student or a close friend of the family and that the information I've provided is accurate and current to the best of my professional ability.

Signature: _____ Date: _____

Name and Degree: _____ Lic. Type & No.: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Return To:

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