PRINCETON UNIVERSITY

Office of Disability Services
33 Frist Campus Center, Room 241
Princeton, NJ 08544
Telephone: 609-258-8840
Fax: 609-258-1621
E-mail: ods@princeton.edu

Psychological Disability Diagnostic Report

To be completed by a certified medical professional

In accordance with the Americans with Disabilities Act (ADA) of 1990 as amended, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the New Jersey Law Against Discrimination, Princeton University provides reasonable accommodations to students with disabilities. In order to do so, students should submit all accommodation requests to the Office of Disability Services (ODS). Students requesting accommodations should review the guidance provided by ODS for documentation, but generally must submit documentation that clearly demonstrates that (1) the student has a physical or mental impairment, and (2) the impairment prevents the normal exercise of any bodily or mental functions (or can be shown to exist through accepted clinical or laboratory diagnostic tests), as compared to most people in the general population. A diagnosis of a disorder, or submission of an evaluation, does not automatically qualify an individual for accommodations. Appropriate documentation must be provided by a qualified professional, meet currency requirements, include diagnosis information as well as information about the functional limitations caused by the impairment, and support the request of specific accommodations. In some cases, the ODS evaluation may include review of documentation by an internal or external consultant engaged by Princeton. Accommodations are determined through an interactive process that includes an intake interview.

This document requests information necessary to determine the impact of a psychological disability on the student's ability to participate in the University's educational programs and to validate the need for accommodation(s). In instances where there are multiple diagnoses, including learning disabilities and/or ADHD, evaluators should consult the ODS website for documentation requirements for those disabilities as well as questions pertaining to psychological disabilities. A treating certified mental health professional should complete this form or provide equivalent information on professional letterhead.

Please complete the form below and return to:

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Princeton University
33 Frist Campus Center
Room 241
Princeton, NJ 08544

OR

E-mail: ods@princeton.edu

OR

Fax: 609-258-1621

When completing this form, you may use additional paper to complete your responses, if needed.

Psychological Disability Diagnostic Report

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Student Information

First name

MI

Last name

Enrollment status (choose all that apply):

Current undergraduate student

Current graduate student

Admitted but undecided

Matriculating undergraduate

Matriculating graduate

Returning from a leave

Princeton class year

Diagnoses

DSM V Diagnosis	DSM V (or ICD-10) Code	Date of Diagnosis
		/ /
		/ /
		/ /

In addition to DSM diagnostic criteria, how did you arrive at your diagnosis? (choose all that apply):

Structured/unstructured interview with student

Behavioral Observations

Consideration of developmental or medical history

Interviews with others (parent, teachers, etc)

Rating Scales (Beck Depression Scale, etc.)

Neuro/psycho educational testing

Other

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Current Treatment

Is the student currently in treatment with you? Yes No

Total number of visits:

Initial visit date: / /

Date of last visit: / /

Name of additional treating professional if known.

If known, what is the visit frequency?

Current symptoms (Indicate severity: substantial (S) moderate (M) mild (MI) remission (R))

Treatment history including current treatment

Prognosis (Please give anticipated progression, duration, stability)

Currently Prescribed Medications	Side Effects Impacting Student

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Functional Impact

Please indicate level of impact on ability to complete coursework or other academic program requirements, or impact on daily activities outside the classroom:

Functional Area	Substantial	Moderate	Mild	None	Don't Know
Cognitive Processing					
Concentrating					
Memory					
Reasoning					
Attending class					
Meeting deadlines					
Following directions					
Organization and time management					
Sleeping					
Social interactions					
Eating					
Stress management					

Please provide detail on the functional impact, especially those ranked as substantial (please use additional paper for more information on the functional impact or additional comments).

Please provide recommendations for accommodations to support the student and include the rationale for those recommendations.

Certified Professional

Name

Specialty

Email address

License

Address

Phone number

Fax number

I certify that the student named above has given me permission to release all information contained on this form for the purpose of considering eligibility for accommodations, modification or adjustments based on disability.

Signature:

Date: (mm/dd/yyyy)
/ /