

# Summary Cover Sheet for Documentation of Psychiatric Condition

## INSTRUCTIONS

**To the Certifying Mental Health Professional:** this cover sheet should be attached to your diagnosis report. In order to support the student's request for accommodations, the documentation explaining the diagnosis should be comprehensive. Whenever applicable, please follow the guidelines below:

- **History:** The diagnostic report should include a history of the student's psychiatric problems, including a history of presenting symptoms; duration and severity of the disorder; and relevant medical and medication history. The report should include any prior behavior that was violent or destructive.
- **Diagnosis:** The report should include a specific diagnosis, or more than one, indicating that DSM-IV criteria have been met for each condition.
- The report should include the individual's current medication regimen compliance, side effects (if relevant to the student's academic performance) and response to medication.
- The report should include a description of the expected progression or stability of the impact of the condition over time.
- **Rule out:** The evaluator should investigate and rule out the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse, as well as educational, linguistic, sensorimotor, and cross-cultural factors that may result in symptoms mimicking the purported psychiatric disability.
- **Impact:** The evaluator should describe the degree of impact of the diagnosed psychiatric disorder on a specific major life activity, as well as the degree of impact on the individual.
  - A statement regarding potential for harm to self or others should be included.
- **Accommodations:** The documentation should include recommendations for accommodations. A link should be established between the requested accommodations and the functional limitations of the individual.
  - Psychoeducational, neuropsychological or behavioral assessments are often necessary to support the need for testing accommodations based on the potential for psychiatric disorders to interfere with cognitive performance.
  - Accommodations will be provided only when a clear and convincing rationale is made for the necessity of the accommodation.
  - A diagnosis in and of itself does not automatically warrant approval of requested accommodations. For example, test anxiety alone is not a sufficient diagnosis to support requests for accommodations.
  - If there is no prior history of accommodations, the evaluator and/or the student should include a detailed explanation of why accommodations were not needed in the past, and why they are now currently being requested.

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## **Student**

Name \_\_\_\_\_  
D/O/B \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Report date \_\_\_\_\_

## **Certifying mental health professional**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Professional title \_\_\_\_\_ Highest degree \_\_\_\_\_  
License/certification, number, and state \_\_\_\_\_

### **DSM IV Diagnosis(es):**

In your opinion, does any diagnosed condition above *substantially limit a major life activity*?  
**Yes** \_\_\_ **No** \_\_\_ **Not sure** \_\_\_

If yes, identify the condition above with an asterisk and specify the substantially limited activities here (or refer to full report).

### **Medication/treatment**

Does this student take any medication or require any type of treatment that may adversely affect performance or behavior? Yes \_\_\_ No \_\_\_

If yes, please list in the full report and explain effect.

Current compliance with treatment plan?

Poor \_\_\_ Good \_\_\_ Excellent \_\_\_ Unknown \_\_\_ N/A \_\_\_

Current prognosis for functioning effectively in law school?

Poor \_\_\_ Good \_\_\_ Excellent \_\_\_ Unknown \_\_\_

*Please continue to other side*

**Summary of recommended accommodation(s) in law school, if any** *(should be supported in the full report with a description of specific functional limitations and rationale for each accommodation suggested):*

In your opinion, how often should this student be reevaluated?

3 mos \_\_\_\_\_ 6 mos \_\_\_\_\_ 1 year \_\_\_\_\_ Other (specify)

\_\_\_\_\_

In your opinion, does this student represent a potential danger to self or others?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

*If "yes" or "not sure," PLEASE DISCUSS on full report.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_