Ivy Tech Community College of Indiana
Psychological/Psychiatric Disability Documentation Guidelines

The student named below has applied for services from Disability Support Services (DSS) at Ivy Tech Community College. In order to determine eligibility and to provide services, we require documentation of the student’s psychological/psychiatric disability.

Under the Americans with Disabilities Act (ADA) of 1990, ADA Amendments Act and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability significantly limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments. Documentation should be no more than one year old.

I authorize the release of my information to Disability Support Services at Ivy Tech Community College. I give approval for DSS representatives to talk/correspond with the evaluator that prepared my documentation about my educational needs:

Student’s Signature ______________________________________________________

Student’s Printed Name ____________________________________________________

Responses to the guideline questions should be typed on letterhead. Please do not submit handwritten documentation. The documentation should include the following information: today’s date, evaluator’s printed name, evaluator’s signature, evaluator’s license/certification, evaluator’s address, evaluator’s fax, and evaluator’s telephone.

Please respond to each of the following:
1.) Date student was last seen
2.) Student is seen: only as needs, occasionally or regularly
3.) List DSM IV diagnosis
4.) Severity of Condition: mild, moderate or severe
5.) What measures were utilized to determine this diagnosis?
6.) What specific symptoms or functional limitations does the student have that might affect the student’s academic performance?
7.) Describe any situations or environmental conditions that might lead to an exacerbation of the condition.
8.) Is the student currently receiving therapy or counseling?
9.) What medication(s) is the student currently taking? How effective is the medication and/or treatment in equalizing the educational opportunities for this student? How might side effects, if any, affect the student’s academic performance?

10.) Please state specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/adjustments/services are warranted based upon the student’s functional limitations. Indicate why the accommodations are necessary.

Please contact your local campus for more information on where to send or fax documentation.