

**UNIVERSITY OF CALIFORNIA  
HASTINGS COLLEGE OF THE LAW**

Office of the Disability Resource Program  
200 McAllister Street  
San Francisco, CA 94102-4978  
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**CERTIFICATION OF PSYCHOLOGICAL DISABILITY**

The student named below has applied for services from the Disability Resource Program at UC Hastings. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability.

Under the Americans with Disability Act (ADA) of 1990 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 substantially 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.

After completing this form, please print it out, sign it, and mail or FAX it to us at the address in our letterhead. The information you provide will not become part of the student's educational records, but will be kept in the student's file at DRP, where it will be held strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

1. Student's Name: \_\_\_\_\_ Today's Date (mm/dd/yyyy): \_\_\_\_\_

2. What is your DSM-IV multi-axial diagnosis for this student?

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V (GAF) \_\_\_\_\_

3. Date above diagnosis (mm/dd/yyyy)

4. Date student was last seen (mm/dd/yyyy)

5. In addition to DSM-IV criteria, how did you arrive at your diagnosis?

Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

Check	Arrival at diagnosis	Notes for Accommodations and Services
⑧	Structured or unstructured interviews with the student	
⑧	Interviews with other persons	
⑧	Behavioral observations	
⑧	Developmental history	
⑧	Educational history	
⑧	Medical history	
⑧	Neuro-psychological testing. Date(s) of testing	
⑧	Psycho-educational testing. Date(s) of testing	
⑧	Standardized or non-standardized rating scales	
⑧	Other (please specify)	

6. Please check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing internal distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing external distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely submission of assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending class regularly and on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making and keeping appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Is this student currently taking medications(s) for these symptoms?

Describe medication(s), date(s) prescribed, effect on academic functioning, and side affects

Do limitations/symptoms persist even with medications?

8. What is this student's prognosis? How long do you anticipate the student's academic achievement will be impacted by this disability?

six months       one year       more than one year

9. Other information...

What other specific symptoms currently manifesting themselves might affect the student's academic performance?

Is there anything else you think we should know about the student's psychological disability?

What academic accommodations do you recommend?

10. CERTIFYING PROFESSIONAL\* Fill in the section by hand on the printed form:

\_\_\_\_\_  
Signature of professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Professional's Name (printed) and Title

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Fax

\*Qualified diagnosis professionals are licensed psychologists, psychiatrists, and neurologists. The diagnosis professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.