

Psychological Disability Provider Form

A licensed provider (e.g., psychologist, psychiatrist, neuropsychologist, social worker, psychotherapist) may use this form to provide information related to the student's psychological disability. This information will be used in conjunction with a student interview to begin assessing the functional impact of the student's disability and appropriate equal access academic accommodations. Please comment on all sections. If available, you may attach your most recent clinical note and an initial evaluation to clarify responses.

Student's Legal Name: _____

Student's Preferred Name and Pronouns: _____

Student's Date of Birth: _____

1. What is the nature of the student's psychological disability? Please include a DSM-IV or DSM-V diagnosis and the onset of each diagnosis.

2. Has the student had any psychological testing or self-report rating scales to support the diagnosis?

Yes___ If yes, please include a copy of the results.

No___

3. Student's Current Presentation:

a. Appearance/speech: _____

b. Mood and Affect: _____

c. Thought process: _____

d. Other information: _____

4. What is the capacity in which you work with this student? How long have you been working with the student regarding this mental health diagnosis?

5. Please provide a background of the student's mental health history/treatment (e.g., history of inpatient hospitalizations, outpatient treatment, counseling, psychotherapy).

6. Please provide some information relevant to the student's support system at home, school and/or work.

7. Please describe specific symptoms currently being exhibited by the student as a result of the disability including:

- a. The frequency, duration, and severity of the symptom in more than one setting.
- b. Information on the cyclical or episodic nature (if relevant)

8. Has there been a history of any safety concerns? (ideations, thoughts, plans) When did these concerns take place and what was the outcome?

9. Does the student require ongoing treatment (including medication management) for this diagnosis and if so, how is that treatment being provided while the student is attending Binghamton University?

10. Has the student ever received academic accommodations in the past? (e.g., IEP or 504 plan)

Please provide contact information, sign and date this form, and return it to:

Services for Students with Disabilities -UU119
Binghamton University
P.O. Box 6000
Binghamton, NY 13902
Fax: 607-777-6893
Email: ssd@binghamton.edu

Provider's Contact information

Name: _____

Professional Signature: _____

License #: _____

Telephone #: _____

Address: _____

FAX #: _____

Email: _____

Date: _____