Nunez Community College Disability Services Office

DOCUMENTATION REQUEST FORM
PSYCHOLOGICAL DISABILITY

******This form must contain ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through Disability Services Office.******

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Student ID#: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from the Disability Services Office. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, Nunez Policy requires that a **Qualified Professional** provide current and comprehensive documentation. A qualified professional is a licensed mental health professional ***who is not a family member of the student***. **IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 6 MONTHS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.**

The documentation provided must include information that indicates a diagnosis of a psychological disability (must make a DSM-IV TR diagnosis), describes the functional limitations in an educational setting, indicates the severity and longevity of the psychological disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication and any current side-effects which may impact academic performance.

To facilitate the gathering of such critical information, please respond to the following and return to Nunez Community College's Disability Services Office.

1. Diagnosis: _____

2. Date of Diagnosis: _____

3. Date of Last Contact with Student: _____

4. Provide a **summary** of the student's educational, medical, and family history that relates to the psychological disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

   _____

   _____

   _____

   _____

5. Describe the student's **functional limitations** in an educational setting: _____

_____

_____

_____

_____

_____

_____

1. List **current medication** along with any **current side effects** that may impact academic performance:

_____

_____

_____

_____

_____

_____

2. Please indicate the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at BRCC as justified based of the functional limitations indicated above.

   Please check all that apply: ___ extended time (1.5x) ___distraction-reduced environment

   ___ class notes ___ consideration for absences ___ no scantron

   ___ reader ___ scribe ___ other (describe below)

   _____

   _____

Qualified Professional's Signature: _____

Printed Name & Title: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

Nunez Community College Disability Services Office
3710 Paris Road ▪ Chalmette, LA 70043
Phone: 504-278-6422 ▪ Fax: 504-278-6487