



Resource Center for Persons with Disabilities (RCPD)  
Michigan State University  
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East Lansing, MI 48824-1033  
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<http://www.rcpd.msu.edu/>

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## PSYCHIATRIC CONDITION DOCUMENTATION

### PLEASE REVIEW CAREFULLY

The individual named below has applied for services from the Resource Center for Persons with Disabilities (RCPD) at Michigan State University. Michigan State University provides academic and workplace services and accommodations to individuals with psychiatric/psychological disabilities. Individuals seeking services must provide appropriate medical documentation of their condition so that RCPD can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

*The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.*

**Documentation required to verify the condition and severity, includes completion of this form or provision of equivalent information to the RCPD by a medical professional with appropriate training and credentials.**

Depending on the condition, the appropriate professional should be a licensed psychiatrist, psychologist, neurophysiologist, or other qualified and licensed mental health professional. Any professional completing this form must have first-hand knowledge of the condition, experience in working with students and employees with psychiatric/psychological conditions and a familiarity with the physical, emotional and cognitive demands experienced by students and employees in an academic setting. Diagnoses of psychiatric/psychological disabilities documented by family members are unacceptable. For additional information regarding documentation guidelines, refer to the **Educational Testing Services (ETS)** guidelines at [www.ets.org](http://www.ets.org) or [www.eeoc.gov](http://www.eeoc.gov).



Client's last appointment: (check one)

<month

<1 yr

>1 yr

Appointment frequency: (check one)

weekly

monthly

annually

as needed

Expected duration of primary condition: (check one)

permanent

temporary

How long do you anticipate that the client's academic or workplace achievement will be impacted by the primary condition? (check one)

<6 mos

<1 yr

>1 yr

Prognosis?

### **Diagnostic Tools**

In addition to DSM criteria, how did you arrive at your diagnosis/diagnoses?  
Please check any relevant items below.

- Interviews with the client
- Interviews with other persons
- Behavioral observations
- Developmental history
- Medical history
- Neuro-psychological testing
- Psycho-educational testing
- Self rated or interviewer rated scales
- Other

## **Medication and Prescribed Aids**

1. What medication and prescribed aids are currently being used in the treatment of the diagnosis/diagnoses above?

2. Is the client compliant with medication and prescribed aids as part of the treatment plan? If no, please explain.

3. Describe any medication side-effects that may adversely affect the client's academic or workplace performance.

4. Describe any other relevant aspects of this condition that may impact educational, workplace or interpersonal behavior and achievement.

5. From your medical perspective, describe possible accommodations that could facilitate academic or workplace performance.

## Major Life Activity

For each major life activity listed, denote the level of impact for **both without and with** medication and prescribed aids.

| Life Activity          |         | No Impact                | Moderate Impact          | Substantial Impact       | Don't Know               |
|------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Concentration       | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Long term memory    | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Short term memory   | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Sleeping            | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Eating              | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Social interactions | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Self-care           | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                   |         |                          |                          |                          |                          |
|-----------------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|
| H. Managing internal distractions | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Managing external distractions | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Time management                | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Motivation                     | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Stress management              | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Organization                   | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Other (explain)                | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Other (explain)                | Without | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                   | With    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |