

**Jefferson Community College
Scanlon Learning and Success Center**

Documentation Form for a Psychological Disability

This form is intended to assist an evaluator who is documenting a specific psychological disability for a JCC student. Please complete all sections on this form or prepare a comprehensive narrative equivalent, and return either to the Scanlon Learning and Success Center for review by the Disability Specialist. Please refer to the attached guidelines for more information in regard to each of the following sections.

Student Name: _____ **DOB:** _____

Evaluator Information

Title and practice name: _____
Name and credentials: _____
Mailing address: _____
Telephone number: _____ Fax number: _____
E-mail address: _____

Diagnosis and/or Limitations from Medication

Please state the DSM-IV diagnosis, a list of medications, and the limitations from the medication(s) that pertain to this student and relate to his or her disability. Feel free to append additional pages if necessary.

DSM-IV diagnosis: _____
Description: _____

Medication list: _____

Effects on major life activities: _____

Requested Accommodation(s)

Please place a checkmark next to each accommodation(s) that is being requested for the student. Please explain why this accommodation is being recommended. At this point in time, the functional limitation(s) in an academic setting is.....

_____ **Extended Time to complete exams**, please specify _____ (e.g. 1.5 times the allotted exam period)
Explanation for recommendation: _____

_____ **Exams/Quizzes in a separate location**
Explanation for recommendation: _____

_____ **Exams/Quizzes read orally**
Explanation for recommendation: _____

_____ **Books on Tape/Disc**

Explanation for recommendation: _____

_____ **Tape-recorded lectures** (in lieu of paper notes for students with mobility or cognitive impairments)

Explanation for recommendation: _____

_____ **Notetakers** (hard copy generally restricted to ADHD, PTSD, and auditory impairment and/or auditory processing disorders)

Explanation for recommendation: _____

_____ **Time limits** (breaks in testing, breaks during class)

Explanation for recommendation: _____

_____ **Word processor**

Explanation for recommendations: _____

_____ **Other accommodations** (please feel free to append pages)

Explanation for recommendations: _____

Please comment on this student's **strengths and weaknesses** as they pertain to the academic setting. This information will aid in the appropriate design and delivery of academic and/or accommodative services (feel free to append an additional page): _____

Evaluator signature

Date

If you have any questions, please feel free to contact Tanya Hoistion, JCC Disability Specialist, at (315)-786-2335 or thoistion@sunyjefferson.edu.