

Guidelines for Documenting Psychological/Psychiatric Disabilities

1.) A Qualified Evaluator. Professionals conducting assessments, rendering the diagnosis of psychiatric, psychological, behavioral, and emotional disorders/syndromes, and making recommendations for appropriate accommodations, must be qualified to do so. These are licensed professionals with comprehensive training and expertise in mental health, skilled in differential diagnosis of psychiatric disorders, such as (neuro)psychologists, (neuro)psychiatrists, relevantly trained medical doctors, clinical social workers, counselors, and psychiatric nurse practitioners. The documentation must meet the following criteria:

- include evaluator's name, title, professional credentials, license and/or certification number,
- be presented on the professional's letterhead, typed, dated, signed, and legible,
- the evaluator may not be a family member.

2.) Current Documentation. Reasonable accommodations are based on the current impact of a disability; therefore, it is of utmost importance for psychological documentation to address an individual's current level of functioning and present need for accommodations. Due to the changing nature of psychiatric disabilities, a full report from a treating mental health professional completed within the past twelve months is considered current. The documentation may require an annual update, depending on the nature of the condition.

3.) Comprehensive Evaluation. The documentation **must** be including the components listed below:

- Thorough discussion of:
 - relevant developmental, historical, and familial information
 - current functional impairment
 - duration and severity of the disorder
 - expected progression or stability of the impact of the condition over time
- A **clear diagnosis** of psychiatric disorder based on DSM 5 or ICD-10 criteria, including:
 - a clearly stated diagnosis, subtype if applicable, and diagnostic code,
 - a list of the DSM 5 or ICD-10 diagnostic criteria as the basis for the diagnosis,
 - evidence of the ruling out of other potential diagnoses, dual diagnoses, and alternative explanations such as educational, linguistic, and cross-cultural factors,
 - a description of how the diagnosis substantially impacts a major life activity/activities,
 - **CANNOT INCLUDE** wording such as "seems to indicate" or "suggests,"
 - NOTE: Test anxiety, in and of itself, is not an accommodated disability.
- A description of current and past treatments, therapeutic techniques, assistive devices, medications, etc. used ameliorate the impact of psychiatric disability.
- A description of current functional limitations of the individual in an academic environment (e.g., impact on study skills, test-taking and organizational skills). Functional limitations should be determined **WITHOUT** consideration of mitigating measures (e.g., medication). If the condition is episodic in nature, level of functioning should be assessed based on the active phase of symptoms.
- Appropriate, specific recommendations for academic accommodations including:
 - detailed explanation as to why each accommodation is recommended,
 - a correlation to previously discussed functional limitations in life activity

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4.) Psychological Instruments. Though not explicitly required, psychological instruments may be useful in helping the evaluator render a more accurate diagnosis and, therefore, better recommendations for accommodation. If such tests are used, results should be included in the report. All tests should be current with an explanation of validity, reliability, and the purpose for which they are being employed. Scores must be reported in raw, standardized, and/or percentile ranks, if applicable.

5.) Supporting Documentation. While required, the report of the qualified evaluator is by no means the only documentation we can use to better understand and accommodate the student with a psychiatric disability. Other helpful documents are: records of accommodation on standardized tests such as SAT or ACT, high school 504 plans or IEP's.