

Dallas Theological Seminary Psychological or ADD/ADHD Disability Documentation Form

Return completed form to Disability Services at disability@dts.edu or fax 214-887-5516

This form will not be accepted as documentation of physical conditions or learning disabilities.

Student's Name (First Name Last Name): _____

To Whom It May Concern:

The above named student has requested modifications based upon a disability at Dallas Theological Seminary. In order to determine eligibility, Dallas Theological Seminary requires documentation from the appropriate health care professional (e.g. medical doctor, nurse practitioner, physical or occupational therapist, psychiatrist). This documentation will be used to determine if the student's health condition rises to the level of disability as defined by the Americans with Disabilities Act of 1990. The health condition must represent a "substantial limitation" on a "major life activity."

A "major life activity" includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. It also includes "the operation of a major bodily function, including but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, reproductive functions, genitourinary, or the operation of an individual organ within a body system. A "substantial limitation" is defined as substantially limited as compared to most people in the general population.

Please answer the following questions as completely as possible. Feel free to write on the back of the form if you need additional space. Dallas Theological Seminary sincerely appreciates your time and effort.

Signature of Certifying Professional

Today's Date

Please print all the following information

Professional's Name and Title: _____

Professional's License Number: _____

Professional's Physical Address: _____

Professional's Telephone Number: _____

Professional's Fax Number: _____

Is the student currently under your care? Yes No

If yes, for how long (length of care)? _____

Do you have a DSM-V diagnosis for this student? Yes No

If so, what is it? _____

Date of above DSM-V diagnosis (month, day, year): _____

Date student was last seen (month, day, year): _____

In addition to DSM-V criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

Criteria	Additional Notes
<input type="checkbox"/> Structured or unstructured interviews with the student	
<input type="checkbox"/> Interviews with other persons	
<input type="checkbox"/> Behavioral observations	
<input type="checkbox"/> Developmental history	
<input type="checkbox"/> Educational history	
<input type="checkbox"/> Medical history	
<input type="checkbox"/> Neuro-psychological testing. Date(s) of testing:	
<input type="checkbox"/> Psycho-education testing. Date(s) of testing:	
<input type="checkbox"/> Standardized or non-standardized rating scales	

Please check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Substantial Limitation	Don't Know
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation of a major bodily function (including but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, genitourinary, reproductive functions, or the operation of an individual organ within a body system.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this student currently taking medication(s) for these symptoms? Yes No

Describe medication(s), date(s) prescribed, effect on academic functioning, and side effects.

Do limitations/symptoms persist even with medications? Yes No

What is the student's prognosis?

How long do you anticipate the student's academic achievement will be impacted by this disability?

Six months One year More than one year

What other specific symptoms currently manifesting themselves might affect the student's academic performance?

Is there anything else you think we should know about the student's learning disability?
