



OFFICE OF SPECIALIZED SERVICES

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

Phone (201) 684-7514 Fax (201) 684-7004

TTY (201) 684-7092

Email : oss@ramapo.edu

www.ramapo.edu

**PSYCHOLOGICAL DISABILITY  
DOCUMENTATION FORM**

Student's Name: \_\_\_\_\_

The student named above is applying for disability accommodations and/or services through the Office of Specialized Services (OSS) at Ramapo College. In order to determine eligibility, a qualified professional must certify that the student has a psychological diagnosis and must provide evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis in and of itself does not substantiate a disability. In others words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to a traditional diagnostic report. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the OSS website ([www.ramapo.edu/students/oss/documentation.html](http://www.ramapo.edu/students/oss/documentation.html)) in order to view documentation guidelines. OSS expects the following in regard to this documentation form:

- The form will be completed with as much detail as possible as a partially completed form or limited responses will hinder the eligibility process.
- Assessment information that is more than two years old may be considered out of date depending on such factors as the student's current age, student's age at time of assessment and the nature of the diagnosis.
- The form is being completed by a professional who has comprehensive training and direct experience in the differential diagnosis such as a psychologist, psychiatrist, or certified social worker.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.

What is the DSM-IV diagnosis for this student?

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V (GAF score): \_\_\_\_\_

How long has the student had this diagnosis/condition? \_\_\_\_\_

What is the severity of the condition? \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

Explain the severity indicated above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the expected duration?    \_\_\_ Chronic    \_\_\_ Episodic    \_\_\_ Short-term

Explain the duration indicated above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of first contact with student: \_\_\_\_\_      Date of last contact with student: \_\_\_\_\_

Date(s) current psychological assessment completed: \_\_\_\_\_

Frequency of appointments with student (e.g., once a week, twice a month): \_\_\_\_\_

Psychological History – Provide pertinent psychological history (include any psychological reports or testing utilized, if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pharmacological History – Provide pertinent pharmacological history, including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Psychosocial History – Provide pertinent information obtained from the student/parent(s)/guardian(s) regarding the student’s psychosocial history (e.g., history of not sustaining relationships, history of employment difficulties, history of educational difficulties, social inappropriateness, history of risk-taking or dangerous activities, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the student’s current symptoms and concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain how the symptoms related to the student’s disorder cause **significant impairment** in a **major life activity** (e.g., learning, eating, walking, interacting with others, etc.) in a classroom setting, if applicable.

Activity	No Limitation	Moderate Limitation	Substantial Limitation	Don't Know
Attention to detail/accuracy of work				
Sustaining attention				
Listening comprehension				
Completing tasks independently				
Sustained mental effort				
Organization				
Distractibility				
Memory				
Restlessness				
Impulsiveness				
Time management				
Mathematics				
Reading				
Writing				
Other (please specify)				

Provide information regarding the symptoms that cause impairment in **two or more settings** (e.g., work, home, or school etc.), if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the student’s current medication(s), including dosage, frequency, and adverse side effects:

\_\_\_\_\_

\_\_\_\_\_

Are there significant limitations to the student’s functioning directly related to the prescribed medications?     Yes     No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide an explanation of the extent to which the medication currently mitigates the symptoms of the disorder: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the student's functional limitations from the disorder specifically in a classroom or educational setting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State specific recommendations regarding academic adjustments, housing accommodations, auxiliary aids, and/or services for this student and the reason these academic adjustments, housing accommodations, auxiliary aids, and/or services are warranted based upon the student's functional limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If current treatments (e.g., medications, counseling) are successful, state the reasons the above academic adjustments, housing accommodations, auxiliary aids, and/or services are necessary?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certifying Professional**

_____ Name and Title	_____ License or Certification #
_____ Company/Office/Institution Affiliation Name	
_____ Address	_____ Phone #
_____ City, State, Zip	_____ Fax #
_____ Signature of Certifying Professional	_____ Date

**Please Return To:**  
Office of Specialized Services  
Ramapo College of New Jersey  
505 Ramapo Valley Road  
Mahwah, NJ 07430

**DOCUMENTATION RETENTION** - All submitted materials will be held in OSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational records. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.