



Psychiatric Disability Provider Information

Name of Student _____

1. DSM-IV

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Please comment on other diagnoses that have been considered and ruled out, including substance abuse and learning disabilities.

2. Does this condition significantly limit one or more of the following major life activities?

___ Walking

___ Hearing

___ Seeing

___ Working

___ Learning

___ Performing Manual tasks

Other (please explain) _____

*** Reviewed by USNH Counsel 3/02**

3. Describe the functional limitations and/or behavioral manifestations (e.g. easily distractible, poor concentration, difficulty focusing for extended periods of time, difficulty formulating and executing plan of action, difficulty overcoming unexpected obstacles, panics in unfamiliar surroundings and situations...) and recommended educational accommodations.

Behavior	Recommended Accommodations
_____	_____
_____	_____
_____	_____
_____	_____

4. Is there a current medication treatment plan? yes _____ no _____ n/a _____
Is there a current psychotherapy treatment plan? yes _____ no _____ n/a _____
List current medications: _____

5. Special considerations, e.g. medication side effects _____

6. Recommended re-evaluation time period or date _____

Signature of Provider, Title, and Credentials Date

Please note that all decisions on which reasonable accommodations will be granted will be made by Plymouth Academic Support Services.

Please return the completed form and supplemental documentation to:
Plymouth State University
Plymouth Academic Support Services
MSC #9
Plymouth, NH 03264
(603) 535-2277 (fax)

Plymouth State University is committed to providing appropriate accommodations and services to students with disabilities under Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.