



**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) \_\_\_\_\_

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.

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