DIVISION OF STUDENT AFFAIRS
Office of Disability Access

Psychiatric Conditions Only

UNT Office of Disability Access (ODA) Psychiatric Disability Documentation Form
(To be completed by a Qualified Healthcare Professional)

Student Name: _____

Student UNT ID number: _____

Date: _____

The above named student has requested reasonable accommodations based on a psychiatric disability at the University of North Texas. To determine eligibility, the UNT Office of Disability Access requires documentation from a qualified health care professional (Medical Doctor, Psychiatrist, Psychologist, etc.) not related to the student. This information will be used to determine eligibility for reasonable accommodations under the Americans with Disabilities Act of 1990 as Amended. Please provide the following information.

Name of Health Care Professional: _____

License # _____

Phone: _____

Address: _____

Please provide the DSM code and Standard Nomenclature for this student's condition:

Medical and Health Condition: _____

Psychosocial and Contextual Factors: _____

Functioning and Disability: _____

Date of Diagnosis: _____

Most recent date you examined/treated this student: _____

Is this student currently under your care? ☐ Yes ☐ No

If yes, how long? _____

Please list prescribed medications and their side effects:

Submit documentation via fax (940.369.7969), email Apply.ODA@unt.edu, deliver in person to Sage Hall Suite 167, or mail to 1155 Union Circ. #310770 Denton, TX 76203

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In addition to DSM criteria, how did you arrive at your diagnosis?

Please check all relevant items below and add any brief notes to help in determining reasonable accommodations for this student.

	Criteria	Additional Notes
	Structured or Unstructured interviews with the student	
	Interviews with other persons	
	Behavioral Observations	
	Developmental History	
	Educational History	
	Medical History	
	Neuro-psychological testing. Date(s) of Testing	
	Psycho-educational testing Date(s) of testing	
	Standardized or Nonstandardized rating scales	
	Other (please specify)	

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Please complete the following matrix which will be used to establish eligibility for reasonable accommodations. Attach any relevant medical records (e.g. medical/developmental history, psychological evaluation, etc.)

Students may still qualify for reasonable accommodations when the potential exists for a previously stable condition to worsen. Please complete the matrix to reflect those periods when the condition is not well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Completion of this form has no bearing upon a student's future employability.

Life Activity Matrix	No Impact	Moderate Impact	Severe Impact	Don't Know
Speaking				
Hearing (attach recent audiogram)				
Seeing (attach recent eye exam)				
Lifting				
Standing				
Walking				
Sitting				
Manual dexterity/Writing				
Sleeping				
Concentration				
Memory				
Reading				
Caring for Self				
Class Attendance				
Bodily Functions (immune system, digestive, circulatory, etc.)				
Communication – Receptive				
Communication – Expressive				
Sustained Focus				
Eating				
Body Control				
Other				

Based upon the limitations noted above, please list recommendations for reasonable accommodations for this student.

By signing below, I am certifying that I or my designee has completed this form truthfully and accurately.

Signature and Professional Title: _____ Date: _____

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