

**Lake Michigan College Student Outreach and Support Services
Serving Benton Harbor, South Haven, and Niles Campuses
2755 E. Napier Ave Benton Harbor, MI 49022
Phone: (269) 927-8866 Fax: (269) 927-6536**

**DISABILITY DOCUMENTATION FORM:
PSYCHIATRIC DISABILITIES**

PLEASE REVIEW CAREFULLY

The individual named below has applied for services from the Student Outreach and Support Services (SOSS) at Lake Michigan College. Lake Michigan College provides academic accommodations to individuals with disabilities. Individuals seeking services must provide appropriate medical documentation of their condition so that the SOSS can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Documentation required to verify the condition, severity, and functional limitations includes completion of this form or provision of equivalent information to the SOSS by a licensed mental health professional. Depending on the condition, the appropriate professional should be a licensed psychiatrist, psychologist, neurophysiologist, or other qualified and licensed mental health professional. Professionals completing this form must have first-hand knowledge of the condition, experience in working with students with psychiatric or psychological conditions and ideally a familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Diagnoses of disabilities documented by family members are unacceptable.

LMC SOSS Disability Documentation: Psychiatric

Client name: Last, First, Middle Initial

Date of Birth:

LMC Student ID (eight digits):

Certifying Professional's Printed Name:

Credentials/Specialization:

License Type:

License #:

State:

Exp. Date:

Mailing Address:

City/State/Zip:

Phone:

Fax:

Email:

Attach Business Card Here
or
If Submitting Electronically,
Denote your Office Web Address

Office web address:

Diagnosis/Diagnoses: Please include DSM Codes and name of condition(s)

Date of onset:

Date of diagnosis:

Diagnostic Tools: How did you arrive at your diagnosis/diagnoses? Please check any relevant items below:

- | | |
|---|---|
| <input type="checkbox"/> Interviews with the client | <input type="checkbox"/> Interviews with other persons |
| <input type="checkbox"/> Behavioral observations | <input type="checkbox"/> Developmental history |
| <input type="checkbox"/> Medical history | <input type="checkbox"/> Neuro-psychological testing |
| <input type="checkbox"/> Psycho-educational testing | <input type="checkbox"/> Self-rated or interviewer rated scales |
| <input type="checkbox"/> Other | |

Prognosis

Expected Duration of Primary Condition: (Check One)

- Permanent Temporary

Characteristics of Limiting Condition(s): (Check All That Apply)

- Stable Episodic Slow Progression Rapid Progression Improving

Additional comments/information

Medication, Treatment, and Prescribed Aids

What medication(s) are currently being used to address the diagnosis/diagnoses above? Fully describe impact of medication side-effects that may adversely affect the client's academic performance.

What treatment and prescribed aids (i.e. counseling, therapy, support groups) are currently being used to address the diagnosis/diagnoses above?

Is the client compliant with medication and prescribed aids as part of the treatment plan? If no, please explain:

Date of last appointment:

How often does your client receive treatment?

Weekly Monthly Annually As needed

Implications for Academic/Student Life

<p>Major Life Activity</p>	<p>Impacts Please check the severity of impacts</p>	<p>Recommendations for Accommodations and Services Please provide specific recommendations to address impacted major life activities</p>
<p>Concentration</p>	<p><input type="checkbox"/>None <input type="checkbox"/>Moderate <input type="checkbox"/>Substantial <input type="checkbox"/>Unsure</p>	
<p>Long Term Memory</p>	<p><input type="checkbox"/>None <input type="checkbox"/>Moderate <input type="checkbox"/>Substantial <input type="checkbox"/>Unsure</p>	
<p>Short Term Memory</p>	<p><input type="checkbox"/>None <input type="checkbox"/>Moderate <input type="checkbox"/>Substantial <input type="checkbox"/>Unsure</p>	
<p>Sleeping</p>	<p><input type="checkbox"/>None <input type="checkbox"/>Moderate <input type="checkbox"/>Substantial <input type="checkbox"/>Unsure</p>	
<p>Eating</p>	<p><input type="checkbox"/>None <input type="checkbox"/>Moderate <input type="checkbox"/>Substantial <input type="checkbox"/>Unsure</p>	

Major Life Activity	Please check the severity of impacts	Recommendations for Accommodations and Services Please provide specific recommendations to address impacted major life activities
Social Interactions	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	
Self-Care	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	
Managing Internal Distractions	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	
Managing External Distractions	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	
Time Management	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	
Motivation	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	
Stress Management	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	
Organization	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	

Major Life Activity	Please check the severity of impacts	Recommendations for Accommodations and Services Please provide specific recommendations to address impacted major life activities
Other (Explain): _____	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	
Other (Explain): _____	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> Unsure	

Please print this documentation, sign and date below. Send or fax directly to SOSS using the contact information on page one.

Date:

Certifying Professional's Signature:

Signature denotes: content accuracy, adherence to professional standards and guidelines on page 1 of this document.