BARD COLLEGE AT
SIMON'S ROCK
THE EARLY COLLEGE

Documentation of a Psychological or Psychiatric Disability

Bard College at Simons Rock students who request accommodations for a disability are required to submit documentation to verify eligibility under Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA).This form is provided in the interest of assuring that evaluation reports are appropriate to document eligibility for students who seek accommodations and/or services for a psychiatric or psychological disability. **Please fill out the form completely.** If you prefer, instead of using the form, you may write a brief report on your letterhead, as long as the report includes the same requested information. Any questions should be directed to E.Quincy McLaughlin, Director of Student Support Services at Bard College at Simon's Rock at 413.528.7383 or emclaughlin@simons-rock.edu

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Student: _____ **Date:** _____

1. **Diagnostic Statement describing the disability.** Provide a clear diagnostic statement (and DSM-IV-TR or ICD-10 diagnostic code/s, if appropriate) that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition.

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2. **A description of the diagnostic methodology used**. Include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Diagnostic methods that are congruent with the particular disability and current professional practices are recommended.

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3. **A description of the *current* functional limitations.** Information on how the disabling condition(s) currently impacts the individual is necessary for both establishing a disability and identifying possible accommodations. It should identify the major life function that is being substantially limited.

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4. **A description of the expected progression or stability of the disability**. Include statement on expected changes in the functional impact of the disability over time and context. If the condition is not stable, information on interventions for exacerbations (including the individual's own strategies) and recommended timelines for re-evaluation are helpful.

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5. **A description of current and past accommodations, services and/or medications.**

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6. **Recommendations for accommodations.** Recommended accommodations and services must be logically related to the functional limitations.

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Certifying Qualified Evaluator(s): (Qualified evaluators are defined as licensed individuals who are qualified to evaluate and diagnose psychiatric disabilities or who may serve as members of the diagnostic team. **Diagnoses of psychiatric disabilities documented by family members will not be accepted.**

License Number: _____State of Practice:_____

Printed/Typed Name: _____

Phone: ___(_____)_____

Address: _____

Email: _____

Signature: _____

Date: _____

ALL DOCUMENTATION WILL BE HELD IN THE STRICTEST CONFIDENCE

Please send to:

E. Quincy McLaughlin, Director of Student Support Services
Bard College at Simon's Rock
84 Alford Rd
Great Barrington, MA 01230
413.528.7383
emclaughlin@simons-rock.edu

**Guidelines adapted from text created by Polly Waldman