



1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS
Division of Student Affairs and Enrollment Management

707.664.2677 • Fax 707.664.3330 • TTY 707.664.2958
www.sonoma.edu/dss

Certification of Psychological/Psychiatric/Neurological Disabilities

The student named below has applied for services from the Disabled Student Services office at Sonoma State University. In order to determine eligibility and provide services, we require documentation of the student’s psychological disability.

Under the American’s with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please mail or FAX it to us at the address listed above in our letterhead. The information you provide will *not* be part of the student’s educational records, but will be kept in the students file in the DSS office, where it will be kept strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student’s academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student’s Name: _____ Date of Birth: _____

Today’s Date: _____ Date of Diagnosis (Below): _____

Date Student was last seen: _____ Length of Services: _____

DSM – IV Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

THE CALIFORNIA STATE UNIVERSITY

Bakersfield · Channel Islands · Chico · Dominguez Hills · Fresno · Fullerton · Hayward · Humboldt · Long Beach · Los Angeles · Maritime Academy · Monterey Bay · Northridge · Pomona · Sacramento · San Bernardino · San Diego · San Francisco · San Jose · San Luis Obispo · San Marcos · Sonoma · Stanislaus

Axis V (GAF score): _____

1. In addition to the DSM - IV criteria, how did you arrive at your diagnosis? Check all relevant items below, *adding brief notes that you think might be helpful to us as we determine what accommodations and services are appropriate for the student.*

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?

Standardized or non-standardized rating scales

Other (please specify)

2. Please check the major life activities listed below, which are affected because of the psychological or neurological diagnosis. Please indicate the level of limitation.

<u>Life Activity</u>	<u>No Impact</u>	<u>Moderate Impact</u>	<u>Substantial Impact</u>	<u>Don't Know</u>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing internal distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing external distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely submission of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class regularly and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What other specific symptoms manifesting themselves at this time might affect the student's academic performance?

4. What medications is the student currently taking? How effective is the medication? How might side-effects, if any, affect the student's performance?

5. What is the student's prognosis? How long do you anticipate the student's academic achievement will be impacted by his/her disability?
Check one: 6 months 1-year More than 1 year

6. Is there anything else you think we should know about this student's disability?

The diagnosing professional must have expertise in the differential diagnosis of the documented disability and follow professional practices in the field.

Certifying Professional:

Printed name: _____

Signature: _____

License number: _____

Address: _____

Telephone: _____

Fax: _____