



Request for ADA Accommodations

Psychiatric Disabilities

Section 1: To be completed by the Student

Name: _____ A Number: _____

Phone #: _____ Address: _____

City: _____ State: _____ Email address: _____

Release of information: I grant permission to my healthcare provider (s) to release my education related records and/or my medical or psychological records to Reid State Technical College in connection with my request for accommodations.

Student's Signature

Date

Section 2: To be completed by the Professional Diagnostician

Name of Professional Making Diagnosis (please print): _____

Phone #: _____ Date of Assessment: _____

Highest Degree & Area of Specialization: _____

License Number: _____ Expiration: _____ State: _____

Section 3: Diagnosis

A SPECIFIC statement the student is diagnosed with a particular disorder, including the DSM-IV or ICD-10 diagnostic (numerical) code, is required.

DSM-IV &/ or ICD-10

Code(s): _____

Section 4: Requested Accommodations

Recommended Accommodation(s): _____

Rationale for Accommodations (s): _____

Section 5: Supporting Documents – Within 3 years of enrollment date.

A letter on official letterhead, signed by the Professional Diagnostician must include the following:

- History to Support Diagnosis - A description of the duration and severity of the disorder must be included. In addition, relevant medical, familial, and social histories should be included.
- Assessment of Psychiatric Disorders - The evaluator should include specific evaluation data to support a diagnosis of a psychiatric disorder. Results of standardized assessments, rating scales, or checklists are important, but need not be the sole criterion for a diagnosis of a psychiatric disorder. A description of current symptoms and current treatments must be included. If the student is taking any medication related to the disability, the evaluator should describe the impact of that medication on the student's ability to participate in an academic environment.
- Substantial Limitation to Learning - A psychiatric disability must limit a major life activity, such as learning, sleeping, or working, and there must be a significant limitation relative to what is common to the 'average' person. The evaluator must describe the major life activity affected by the psychiatric disability and describe how the disability presents a substantial limitation to academic performance.

Professional Diagnostician Signature: _____ Date: _____

Print Name and Title: _____

Address: _____

Telephone: _____ Email: _____

Thank you for your assistance in completing this verification form.

Please return this information to the ADA Coordinator listed below:

Vickie Nicholson
P. O. Box 588
Evergreen, AL 36401
Phone: 251.578.1313 ext. 120
Email: vickien@rstc.edu

Note: Each student's documentation will be evaluated on a case-by-case basis. Following these guidelines will help ensure proper consideration of each student's individual situation in the timeliest manner. Also, a High School IEP, 504 Plan, and/or a letter from a physician or other professional will not be sufficient to document a learning disability.