



Norwalk Community College
188 Richards Avenue Norwalk, CT 06854-1655

Student Disability Services Office

East Campus E322
203-857-7192

Your client/patient has disclosed his/her mental disorder to Student Disability Services. The following information is required to validate this diagnosis as a disability and to determine appropriate and reasonable academic accommodations. This documentation must reflect the current impact of the student's mental disorder on the student's academic functioning.

Student Name: _____ Birth date _____

Medical Provider: _____

Date of diagnosis _____ Date of last contact with student: _____

CURRENT PSYCHIATRIC INFORMATION

DSM diagnosis and code:

Description of present symptoms:

Severity of present symptoms (e.g., transient, acute, chronic, mild, moderate, severe):

Date of initial onset of symptoms: _____

Methods of assessment, instruments, or tests used in the diagnostic process: (please attach results, standardized scores, and reports):

Additional pertinent medical information, treatment, or relevant historical data:

Board of Regents for Higher Education

Norwalk Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

The following person has been designated to handle inquiries regarding the nondiscrimination policies: Dean Rose Ellis, East Campus, Room E312, 203-857-7202.

IMPACT OF DISORDER IN AN EDUCATIONAL SETTING

Describe this student’s functional limitations and their severity in an educational setting? Specify the academic tasks that will be substantially limited. (e.g. Student will have significant difficulty attending to lectures, remembering content, taking notes)

If this student is taking medication, please list side effects that may substantially limit the student’s performance of particular academic tasks.

Are there any academic adjustments that you recommend for this student, which you believe are needed for the student to perform the tasks required in the classroom and on exams?

Medical Provider’s Signature

Date

Credentialed title

License #

Address

Telephone Number

This form should be given directly to your client to so they may submit it to Student Disability Services.

Questions may be directed to the Secretary, Marcia Lockwood (203) 857-6840 or the Coordinator of Student Disability Services, Fran Apfel, Ph.D. (203) 857-7192.