Disclosure Form – Information for clinicians

You are receiving the attached Disability Disclosure Form – Psychiatric Disorder because a student under your care is requesting accommodations from the Disability Resource Center (DRC) at Northeastern University.

The DRC uses a multi-source process to determine student’s eligibility for disability-related accommodations, including student self-report and history of accommodations (when it exists), as well as diagnostic information and clinician observation. Information about how this individual student is impacted by his or her psychiatric disorder(s)* is carefully considered as part of the process of determining reasonable accommodations. This form is designed to enhance our ability to gather the information needed to make this determination. We appreciate your thorough and thoughtful response to the questions on this form.

A diagnosis of a psychological disorder does not, in and of itself, qualify a student for accommodations under the ADAAA. Accommodations are not based on the student’s diagnosis, but instead are designed to address the barrier(s) caused by any substantial limitation(s) related to the disorder. Accommodations are meant to allow full participation in academic and university life for students with disabilities; they do not guarantee student success.

Please note that the information you provide in response to the questions on this form must be current; in general, you must have seen the student within the last 6 months to meet this requirement. If you have recently begun treating this student, you may find that you do not yet have sufficient information to respond to the questions on this form. If you have not had recent clinical contact with the student, or otherwise find that you cannot effectively complete this form, please inform the student directly.

If you have questions or concerns about this form, how the information is used, or how best to support the student, we invite you to contact Debbi Auerbach, Service Coordinator, at 617.373.2675 or d.auerbach@neu.edu.

* Students whose primary diagnosis is ADHD are asked to submit the Disability Disclosure Form – ADHD as well as neuropsychological or psycho-educational testing, if available. Please do not use the Disability Disclosure Form – Psychiatric Disorder for students whose primary diagnosis is ADHD.
Disclosure Form – Student authorization to clinician

Dear ______________________________:

Clinician name

I am requesting accommodations from the Disability Resource Center (DRC) at Northeastern
University. One element of the process for requesting accommodations is the submission of the
Disclosure Form by my treating clinician. The Disclosure Form is attached, along with an explanation
of its use and instructions for completion.

☐ I hereby authorize you to complete the attached Disclosure Form and release it to the DRC.

☐ I also authorize you to speak with the staff of the DRC to provide consultation concerning the
requested accommodations.

Please submit the completed form to:

Ms. Debbi Auerbach, Service Coordinator

By mail:
Disability Resource Center
20 Dodge Hall
Northeastern University
360 Huntington Avenue
Boston, MA 02115

By confidential fax: 617-373-7800

Thank you for your timely assistance with this matter.

Sincerely,

___________________________________________  _________________________
Student Signature                  Date

___________________________________________  _________________________
Print Name                      Medical Record ID#
Disability Disclosure Form – Psychiatric Disorder

This form is to be filled out by the clinician currently treating the student for the diagnosis(es) identified below. Please read the attached “Information for clinician” cover sheet before completing this form.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Patient’s/Client’s name:</td>
<td></td>
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<tr>
<td>2. Diagnosis:</td>
<td></td>
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<tr>
<td>3. Please provide full DSM or ICD-10 code:</td>
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<td>4. Initial date of diagnosis:</td>
<td>Date of last clinical contact:</td>
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<td>5. What is the frequency of the disorder’s symptoms for this student?</td>
<td></td>
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</tbody>
</table>
- [ ] Ongoing  
- [ ] Episodic (Please indicate frequency and duration below)  
| 6. The extent of the impairment is: |  
- [ ] Mild  
- [ ] Moderate  
- [ ] Severe  
| 7. Assessment  
How did you arrive at the diagnosis? Please check the relevant options below. |  
- [ ] Structured or unstructured interview with the student  
- [ ] Interviews with other persons (parent, instructors, etc.)  
- [ ] Behavioral observations  
- [ ] Neuropsychological testing (please attach results)  
- [ ] Rating scales (please attach results)  
- [ ] Other (please name):  
| 8. Treatment  
Please describe the current treatment and medication regimen. Please include information about any significant medication side effects the student is experiencing, including sedation, diminished concentration, restlessness, thirst or dry mouth, nausea, frequent urination, light-headedness, dizziness, or headache. |  |
9. **Substantial limitations affecting academics**
To aid in our determination of whether the student is substantially limited in the academic setting, we ask that you provide information about how the student’s symptoms impact him/her on tasks including, but not limited to:

- paying attention to lecture  
- taking notes  
- responding to questions  
- taking exams  
- participating in group work  
- following instruction  
- organizing work

Please check those areas in which the student’s symptoms cause limitations, and provide a description of the impact experienced by the student on academic settings and tasks.

<table>
<thead>
<tr>
<th>Area of substantial limitation</th>
<th>Please describe current impact on this student</th>
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</thead>
<tbody>
<tr>
<td>□ Concentration or attention</td>
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<tr>
<td>□ Planning and organizing</td>
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<td>□ Processing speed</td>
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<td>□ Memory</td>
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<td>□ Learning</td>
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<td>□ Other:</td>
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<tr>
<td>□ Other:</td>
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</table>
10. **Substantial limitations affecting campus life**

To aid in our determination of whether the student is substantially limited in areas outside of academics, we ask that you provide information about how the student’s symptoms impact him/her in campus life (e.g., residence halls, peer interactions). Please consider, as relevant, the influence on tasks including, but not limited to:

* self/personal care  ·  interactions with roommates/peers  ·  stamina and fatigue *

Please check those areas in which the student’s symptoms cause limitations, and provide a description of the impact experienced by the student on non-academic settings and tasks.

<table>
<thead>
<tr>
<th>Area of substantial limitation</th>
<th>Please describe current impact on this student</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Emotional regulation</td>
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<tr>
<td>□ Sleeping</td>
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<td>□ Social functioning</td>
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<td>□ Stamina</td>
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<td>□ Other:</td>
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<td>□ Other:</td>
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11. Additional information
Please provide any additional information you think will be helpful in determining reasonable accommodations for this student.

12. Annual update
You may be asked to update this form annually in order to confirm that the student continues to meet the diagnostic criteria for the given diagnosis(es) and to experience the substantial limitations described here. If your assessment of the student suggests that the condition is stable and will not require updates, please explain here:

13. Certification
Clinician’s name: ________________________________

Clinician’s state licensure/certification #: ________________________________

Area of specialty: ________________________ Clinician’s phone #: ________________________

______________________________________ ____________________
Clinician’s signature Date