Disabled Student Programs and Services

PLEASE RETURN COMPLETED FORM TO STUDENT

Disabled Student Programs and Services
Citrus College
1000 West Foothill Blvd., SS 133
Glendora, CA 91741-1899
Phone: (626) 914-8675
dsps@citruscollege.edu

DISABILITY DOCUMENTATION
MENTAL HEALTH

The student named below may be eligible for academic accommodations provided through the office of Disabled Student Programs and Services (DSPS). In order to authorize these services, we must have written verification of the student's disability from his/her practitioner. Please be assured that the information provided by you will not appear in the student's academic record, will remain confidential in DSPS and will not be released to other persons unless instructed to do so by the student.

Please note: Student medical records supplied to this office constitute "educational records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.

PLEASE PROVIDE ALL INFORMATION REQUESTED

STUDENT: *Please complete this section only*

Name: _____ Citrus ID: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

ZIP: _____ Home Phone: _____ Cell Phone: _____ Email: _____

Signature: _____ Date: _____

LICENSED PRACTITIONER:

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____

Type of License: _____ License No: _____ Area of Specialization: _____

How often do you see the Student? _____ Date of Student's Last Visit: _____

Length of time this student has been under your care: _____

DSM-5 Diagnosis:

Diagnosis 1: _____

Diagnosis 2: _____

Diagnosis 3: _____

This Diagnosis is considered: ☐ Permanent ☐ Progressive ☐ Temporary End Date: _____

Please Complete Back Portion →

Method(s) of Determining Diagnosis (Please check all that apply):

☐ Comprehensive Diagnostic Evaluation ☐ Clinical Interview ☐ (Neuro) Psychological Assessment

☐ Review of Medical Records ☐ Consultation with former provider of care ☐ Other _____

Disability-Related Effects on Academic Performance. Please check all that apply:

☐ Psychomotor Slowing ☐ Distractibility ☐ Agitation ☐ Confusion ☐ Omissions ☐ Inability to Focus

☐ Intrusive Thoughts ☐ Impaired Memory ☐ Impulsivity ☐ Impaired Judgment ☐ Impaired Motor Confusion

☐ Inability to Sit for Extended Time ☐ Other _____

Medication-Related Functional Impairment (See Note)

Name of Drug	Dose	Compliant?	Medication's Effects on Academic Performance	# YRS/MOS on Drug
1. _____	1. _____	1. ☐ Yes ☐ NO	☐ Confusion/Thought Disorder ☐ Distractibility ☐ Decreased Concentration ☐ Agitation ☐ Psychomotor Slowing ☐ Sedation/Fatigue ☐ Impaired Coordination Other: _____	1. _____
2. _____	2. _____	2. ☐ Yes ☐ NO	☐ Confusion/Thought Disorder ☐ Distractibility ☐ Decreased Concentration ☐ Agitation ☐ Psychomotor Slowing ☐ Sedation/Fatigue ☐ Impaired Coordination Other: _____	2. _____
3. _____	3. _____	3. ☐ Yes ☐ NO	☐ Confusion/Thought Disorder ☐ Distractibility ☐ Decreased Concentration ☐ Agitation ☐ Psychomotor Slowing ☐ Sedation/Fatigue ☐ Impaired Coordination Other: _____	3. _____
4. _____	4. _____	4. ☐ Yes ☐ NO	☐ Confusion/Thought Disorder ☐ Distractibility ☐ Decreased Concentration ☐ Agitation ☐ Psychomotor Slowing ☐ Sedation/Fatigue ☐ Impaired Coordination Other: _____	4. _____

Additional History: ☐ Hx Hospitalization ☐ Hx Violence ☐ Hx Invol. Holds ☐ Family Hx Pysch. ☐ Other _____

* Functional Impairments are substantial limitations in an individual's ability to perform in a condition, manner or duration of a required major life activity as it relates to one's ability to function in an academic/test-taking situation (i.e. disorders of thinking, psychosis, reading comprehension, attention span, alertness, response speed, motor function, writing, calculating, etc.)

Signature of Licensed Provider: _____ **Date:** _____