

UNIVERSITY OF CENTRAL ARKANSAS

PLEASE USE SEPARATE PAPER TO RESPOND TO QUESTIONS 1-12,
TYPED IF POSSIBLE

1. DSM Diagnosis.
2. Date of Diagnosis.
(Last Contact with student)
3. Current Global Assessment of Functioning (GAF) Scale Score
4. What instruments/procedures were used to diagnose the psychological disorder?
5. Describe symptoms which meet the criteria for this diagnosis with approximate date of onset.
6. In order for our staff to determine the impact of this student's disorder on academic activities such as exam-taking, note taking and concentrating, please describe what major life activity(s) is impacted by this disorder as well as how significant this impact is. Please identify if you have observed this directly or would anticipate it occurring in an educational setting.
7. What measures (formal or informal) were used to assess the educational impact of the psychological condition or ADHD.
8. Recommendations regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level include: (describe the services or accommodations needed for exam administration, classroom or study activities of fulfillment of course requirement).
9. Is this student currently taking medication?
10. With appropriate treatment (e.g. counseling, medication, etc.), does this student continue to need the above services or accommodations (as defined in #8)? If so, why?
11. In addition to the diagnostic report and educational assessment, please attach any other information relevant to this student's academic needs.

Signature: _____

Print Name and Title: _____

License # _____

Address: _____

Phone: _____

Date: _____

Return this information to:

University of Central Arkansas
Disability Resource Center
201 Donaghey Avenue
Student Health Center, Suite 212
Conway, AR 72035

(501) 450-3613 Phone

(501) 450-5664 Fax

(501) 269-8038 Text

Adapted from the University of Madison Wisconsin-McBurney Disability Resource Center