University of Portland

ACCESSIBLE EDUCATION DOCUMENTATION QUESTIONNAIRE
DISABLING CONDITION - PSYCHOLOGICAL

Name of client: _____ **Birthdate of Client:** _____

Attending Provider: _____

Provider Title: _____

Professional credentials, licensure, and/or specialization credentials:

_____

_____

Office Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax**: _____

If you have questions or need assistance please contact Accessible Education Services via email aes@up.edu or phone at 503-943-8985.

GUIDELINES:

This questionnaire is designed to provide Accessible Education Services with information to assist with the interactive accommodation process. The student's psychiatrist, psychologist, licensed social worker, relevantly trained M.D., or mental health nurse practitioner must complete and sign the questionnaire. The provider may, as an alternative, write a letter or report that contains the same information. The University will only accept documentation from a practitioner who demonstrates a legitimate and on-going health care provider/patient relationship. All questions should be answered thoroughly. Accessible Education Services may ask for additional information if documentation is incomplete or does not support the accommodations requested. It is not acceptable for documentation to include a diagnosis or testing battery performed by a member of the student's family. It is the general policy of the University Health and Counseling Center (HCC) that the HCC does not provide documentation for AES accommodation requests.

INTERACTIVE ACCOMMODATION PROCESS:

The legal definition of disability includes two elements: (1) a physical or mental impairment which (2) substantially limits one or more of the major life activities of the person in question. Major life activities include but are not limited to: walking, breathing, seeing, hearing, performing manual tasks, caring for one's self, learning, bodily systems such as immune function, and working. Thus, disability has both diagnostic and functional elements, and **BOTH elements need to be documented for effective accommodation determination.**

University of Portland

I. DIAGNOSIS

Diagnostic code(s) (ICD-10 or DSM-V): _____ Diagnosis Name: _____

Date of diagnosis: _____

Date of first visit: _____ Date of last visit: _____ Total number of visits: _____

Severity level (indicate for each diagnosis if more than one):

_____

_____

Please summarize relevant history, clinical observations, and/or physical exam findings that demonstrate how student is substantially limited by this diagnosis:

_____

_____

_____

_____

II. TREATMENT

What is the client's current treatment (medication, counseling, bibliotherapy, etc.)?

_____

_____

_____

If applicable, what is the effect of medication?

_____

_____

_____

University of Portland

III. FUNCTIONAL LIMITATIONS

What accommodations do you suggest for the academic setting? Please supply a rationale for each, based on the student's present level of functioning.

Recommended Accommodations	Rationale

Please supply any other information that should be considered in determining appropriate and effective accommodations for this student.

_____

_____

_____

_____

_____

_____

Signature: _____ **Date:** _____

Name and title (printed) : _____

Please return this form to the student. They will need to attach this documentation to their accommodation request.

Thank you for your assistance.

ACCESSIBLE EDUCATION SERVICES
SHEPARD ACADEMIC RESOURCE CENTER
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