

Disability Resource Center  
Division of Student Affairs & Enrollment Management  
Northern Illinois University  
Campus Life Building Suite 180  
DeKalb, Illinois 60115  
Phone (815) 753-1303/ Fax (815) 753-9570  
www.niu.edu/disability

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**Psychiatric Disability Documentation**

The student, whose name and signature appear below, has requested disability related services based on a psychiatric diagnosis. The student is requesting that the following information be provided by a licensed professional trained in the field of mental health. Please complete and return this form, and/or send copies of diagnostic evaluations and progress reports (containing the requested information), to the name and address listed above. Please consider this signed consent as authorization to release this information to the Disability Resource Center (DRC).

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	
Birthdate	ZID	

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**Please note: Information provided is considered in determining appropriate disability related resources, including academic accommodations.**

**DSM-V Diagnosis/Diagnostic Code:**

**Date of Diagnosis** \_\_\_\_\_ **Date of last contact with student** \_\_\_\_\_ **Date of initial contact** \_\_\_\_\_

**Psychological Assessment Instruments and Results:**

**Medications:**

Current medications (dosage and side effects):

Long term medication plan:

Current compliance with medication plan:

**Expected Duration of Condition** (chronic, episodic, or short-term):

**Therapeutic Interventions** (prognosis, current compliance):

**Is there a history of psychiatric hospitalization(s)?**

**Does this person currently pose a threat to themselves or others?** Please explain:

**Level of Current Functioning:**

**Functional Impact of Diagnosis** (cognitively perceptually, physically):

**Is this student aware of and realistic about the disability and how it may impact academic performance?**

**Are there any types of academic environments or specific formats of administered academic exams that would cause additional difficulty for this student?**

**Recommendations for Accommodations and/or Resources:**

Classes scheduled around impact of psychotropic medications

Seating in specific location in class

Note takers

Food or beverage allowed in class

Time extension on exams

Tape recording lectures

Low-distraction room

Other \_\_\_\_\_

**Additional Suggested Academic/Instructional Accommodations:**

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**Professional Credentials:**

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
License/Certification Number & State of Licensure

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

*Please direct any question regarding completion of this form and the nature of information needed to a DRC staff member at 815-753-1303. Return completed forms to: DRC, Campus Life Building Suite 180, Northern Illinois University, DeKalb, IL 60115*