

PSYCHIATRIC DISABILITY DOCUMENTATION GUIDELINES

Student Information *To be completed by the student*

Name:	Student ID:	-
Email:	Phone:	_
disability. To be eligible for accom-	will help you understand the documentation requirements for establishi modations it is necessary to establish that you have a psychiatric disorder activities. It is also necessary to show how accommodations will direct	der that causes
to show how a psychiatric disorder	disorders is not always obvious and the related symptoms may fluctuated impacts your life. Given variability in symptoms and potential change be current, ideally no more than a year old. Please note that documentate	s in functional
diagnosing psychiatric disabilities i history, and an objective description not necessarily establish a disability medical records, or any other inform Additionally, you will be asked to s	censed professional who is familiar with you and has expertise in evaluate necessary. The report should provide a diagnosis, a developmental and not symptoms and limitations in major life activities. The diagnosis of y that requires accommodation. You may also wish to submit prior evaluation to assist DSS in understanding your limitations and need for accommit any history of accommodation such as school records, Individual eation of prior accommodation from other schools or testing agencies.	nd psychiatric f a disorder does lluations, commodation.
documentation has been submitted	, you will need to submit to DSS all supporting documentation. After y and reviewed, DSS will email your Lion account regarding the results. ond to your request within 15 business days once you have provided al	. Please note that
with expertise in evaluating and obeing treated by more than one prof	llowing guidelines before you share them with the licensed qualified diagnosing psychiatric disabilities who most recently evaluated you fessional, it may be helpful to submit a report by each person you see. 1 (310) 338-4216 if you have any questions.	ı. Îf you are
I have read and understand the info	rmation provided above.	
Signature:	Date:	_

Psychiatric Disability Documentation Guidelines Licensed Professional Information

To be completed by the Licensed Professional

Name and Title of Licensed Professional:		
License Certification Number (Describe cred	lentials):	
Business Address:		
Telephone Number:		
Signature:	Date:	

To the Licensed Professional with expertise in evaluating and diagnosing Psychiatric Disabilities: Based on a psychiatric disorder, your patient is requesting services through Loyola Marymount University's Disability Support Services (DSS) Office. To be eligible for services, this student must show that they have a psychiatric disorder that results in limitation/s in a major life activity.

Psychiatric disorders may fluctuate. For this reason, it is important that documentation addresses the student's current condition, functional limitations, and how it impacts their studies or life on campus. Diagnosis alone, prescription notes, and brief letters generally do not provide enough information to establish a disability or plan for accommodation. Recommendations should be clearly supported by objective information from your evaluation procedures and/or the patient's history of impairment.

To assist this student, we ask that you respond to each of the five points below in a typed narrative report, signed and on letterhead. Complete documentation will enable the University to provide appropriate accommodation to the student in a timely manner.

- 1. A psychiatric history and clinical summary that includes the age of onset and alternative explanations for presenting problems. Include the current DSM-V or ICD-10 diagnosis.
- 2. The time frame in which you have treated this patient, including the most recent evaluation or treatment. Detail the nature, frequency, and severity of symptoms present at your last visit and how major life activities are limited. Specific, objective information beyond the patient's self-report is most helpful.
- 3. Current medication/s including dosage, side effects, and compliance along with other on-going therapeutic interventions.
- 4. The prognosis, which includes likelihood of improvement or deterioration and within what approximate time frame.
- 5. If specific recommendations are made, each should be directly connected to a demonstrated current functional limitation.

Thank you for your time in helping this student. Additionally, please feel free to add any verifying documentation from your files. If you have any questions, please contact the DSS Office at dsslmu@lmu.edu or (310) 338-4216.