Medical/Psychological Disability Summary Report Form*
(*To accompany or supplement medical documentation/psychological report)

Student Name: ____________________________ Student ID Number: ____________________________

Student Email Address: ______________________

The above-mentioned student has requested academic accommodations from the Office of Disability Services (ODS) at Texas State University on the basis of a psychological disability, acquired brain injury, medical disability, or Attention Deficit/Hyperactivity Disorder. In order to determine whether the student qualifies for services based on university criteria, the following information is needed now, and may be required as an update every twelve months. Please return the completed form to the address above.

1. How long has this patient been under your care? ____________________________

2. Basis for diagnosis (Check all that apply?):
   _____ Interview   _____ Therapy   _____ History
   _____ Psychological Tests (Please list)   _____ Other (Please specify below)

3. Onset and anticipated duration of diagnosis: ____________________________

4. University criteria requires the evaluation include a coded diagnosis according to the diagnostic codes established in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). Accommodations cannot be granted without a DSM diagnosis. Please identify the primary and secondary DSM diagnosis for this student:

   Code and Disorder Name: ____________________________
   ________________________________________________

   Code and Disorder Name: ____________________________
   ________________________________________________

   Code and Disorder Name: ____________________________
   ________________________________________________

   Code and Disorder Name: ____________________________
   ________________________________________________
5. How is the student’s learning impaired by their disability (Check all that apply)?

   _____ Attention span       _____ Distractibility       _____ Memory
   _____ Processing speed       _____ Abstract thinking       _____ Concentration
   _____ Sustained vigilance       _____ Other (Please specify)

   ________________________________________________

6. What academic accommodations would you recommend for this student (Check all that apply)?

   _____ Extended time on exams       _____ Reduced distraction environment for testing
   _____ Seating in front of classroom       _____ Advance registration of classes
   _____ Reduced course load       _____ Other (Please specify below)

   ________________________________________________

Certifying Professional (Please print or type)

Name: ___________________________________________  License #: ___________________________

Address: _________________________________________  Phone: _______________________________

_________________________________________________  Date: _____________________________

Signature _______________________________________