TEXAS STATE®
DISABILITY SERVICES

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: _____

OFFICE OF DISABILITY SERVICES
601 University Drive | LBJ Student Center 5-5.1 | San Marcos, Texas 78666-4616
phone: 512.245.3451 | *fax:* 512.2453452 | WWW.TXSTATE.EDU

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: _____

OFFICE OF DISABILITY SERVICES
601 University Drive | LBJ Student Center 5-5.1 | San Marcos, Texas 78666-4616
phone: 512.245.3451 | *fax:* 512.2453452 | WWW.TXSTATE.EDU