

II. Does the impairment affect a Major Life Activity?

MAJOR LIFE ACTIVITIES

Which, if any, of the major life activities below, does the impairment(s) affect? Please check:

- Breathing Caring for self Hearing Learning Performing manual tasks
 Seeing Speaking Working Walking
 Other, please list _____

If you checked "learning" as an affected major life activity, please provide more detailed information by checking all components of "learning" that are substantially affected.

- ___ **Engagement:** attending concentrating demonstrating reading
 thinking writing accessing prior knowledge
- ___ **Exploration:** answering decision making investigating organizing
 performing planning problem solving
- ___ **Explanation:** analyzing discussing reflecting
 supporting with evidence
- ___ **Extension:** applying understanding to the real world expanding understanding
- ___ **Evaluation:** demonstrating knowledge on instructor generated scoring tools

Please note: We request data based evidence (such as psychoeducational, neuropsychological, and/or norm based behavioral assessments - see attached list). When available, please attach a report that lists all testing results (including standard scores and subtests) and an explanation of how the test scores were used to arrive at your conclusion that the components of learning that you checked are substantially affected.

III Does the impairment substantially limit this student's life?

SUBSTANTIAL LIMITATIONS

Is the student significantly restricted in comparison to most people as to the conditions, manner or duration under which activities can be performed? How does the condition(s) affect the student in the activities required in an academic environment? List below the specific substantial functional limitations, how often the limitations/restrictions occur, how long they last, and the severity of each. (e.g. inability to concentrate, daily, 24 hrs., moderate severity; cannot attend class, 2x per month, 2 days, severe) Please note, when determining whether an impairment substantially limits a major life activity corrective measures such as treatment, medication, hearing aids and other methods used to correct or alleviate the physical or mental impairment should not be considered. The only exception is eyeglasses or contacts.

Restrictions/Difficulties

Frequency/Duration
(daily, weekly, monthly/# hours, days, etc.)

Severity
(mild, moderate, severe)

Please continue on next page

METHODS OF ASSESSMENT

What methods were used to determine this person's functional limitations?

Structured or unstructured interviews with the student. Please, explain: _____

Interviews with other persons. Please, explain: _____

Behavioral observations. Please, explain: _____

Developmental history. Please, explain: _____

Educational history. Please, explain: _____

Medical history. Please, explain: _____

Neuro-psychological testing. (Attach results) Date(s) of testing: _____

Psycho-educational testing. (Attach results) Date(s) of testing: _____

Standardized or non-standardized rating scales. Please, explain: _____

Other (Please specify): _____

Please continue on other side

RECOMMENDED ACCOMMODATIONS

Which accommodations and/or services, if any, do you recommend? (This is for planning purposes only. If required, NC State University will determine the appropriate, reasonable accommodations.)

IV. WRITTEN NARRATIVE (An evaluation report that includes the information requested below can serve as the written narrative.)

A written narrative (signed, dated and on official letterhead) must be submitted with the "Documentation of Psychological Disability" form. This written report can be brief but must adequately support each accommodation recommended and must include:

1. Additional information about current difficulties and functional limitations in an educational setting;
2. Whether or not accommodations will be needed when utilizing medication or other corrective measures;
3. Activities or situations that should be avoided or would present a current significant risk of serious injury or death for this student or others;
4. Whether this student is currently a danger to himself / herself or others (Explain);
5. A clear and convincing rationale for each requested accommodation based on the degree of impact of the impairment and the resulting functional limitations.

Thank you for your help in providing this information so that we may begin providing services or accommodations as soon as possible.

Since DSO bases eligibility decisions on the documentation submitted by qualified diagnosticians, incomplete or missing information can prevent or delay necessary services and accommodations. This form and the required narrative must be completed and signed by the qualified professional who performed the evaluation and made the diagnosis.

Please mail the signed original form and narrative. To avoid delay, also fax us a copy at 919-513-2840. Faxed forms and narratives must be followed by a mailed original copy.

PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.

Name _____

Title _____

Business Address _____

Phone _____ Fax _____

E-Mail _____

Professional Credentials _____

License / Certification number _____

Area of Specialization _____

State / Province of Licensure / Certification _____

Signature _____ Date _____

Attach additional sheets if needed

Documenting Psychiatric Disabilities - Guidelines for Documentation of Psychiatric Disabilities in Adolescents and Adults- Office of Disability Policy, Educational Testing Service

Appendix B

Assessing Adolescents and Adults with Psychological Disorders

This appendix contains selected examples of tests and instruments that may be used to supplement the clinical interview and support the presence of functional limitations. All tests used should be current and have sufficient reliability, validity, and utility for the specific purposes for which they are being employed. All tests should also be normed on relevant populations, and the results should be reported in standard scores and/or percentile ranks. Tests that have built-in validity scales or indicators are preferred over those that do not.

1. Rating scales: Self-rater or interviewer-rated scales for categorizing and quantifying the nature of the impairment may be useful in conjunction with other data, but no single test or subtest should be used solely to substantiate a diagnosis.

Acceptable instruments include, but are not limited to:

- *Beck Anxiety Inventory*
- *Beck Depression Inventory-II*
- *Brief Psychiatric Rating Scale (BPRS)*
- *Burns Anxiety Inventory*
- *Burns Depression Inventory*
- *Children's Depression Inventory*
- *Hamilton Anxiety Rating Scale*
- *Hamilton Depression Rating Scale*
- *Inventory to Diagnose Depression*
- *Multidimensional Anxiety Scale for Children (MASC)*
- *Profile of Mood States (POMS)*
- *State-Trait Anxiety Inventory (STAI)*
- *Taylor Manifest Anxiety Scale*
- *Yale-Brown Obsessive-Compulsive Scale*

2. Neuropsychological and psychoeducational testing: Cognitive, achievement, and personality profiles may uncover attention or information-processing deficits, but no single test or subtest should be used solely to substantiate a diagnosis.

Acceptable instruments include, but are not limited to:

Aptitude/Cognitive Ability

- *Kaufman Adolescent and Adult Intelligence Test*
- *Stanford-Binet, Fourth Edition*
- *Wechsler Adult Intelligence Scale-III (WAIS-III)*
- *Woodcock-Johnson-III - Tests of Cognitive Abilities*

Academic Achievement

- *Scholastic Abilities Test for Adults (SATA)*
- *Stanford Test of Academic Skills (TASK)*
- *Wechsler Individual Achievement Test-II (WIAT-II) with reading rate*
- *Woodcock-Johnson-III - Tests of Achievement with fluency measures*

Specific achievement tests, such as

- *Nelson-Denny Reading Test for normal and extended time conditions*
- *Stanford Diagnostic Mathematics Test*
- *Stanford Diagnostic Reading Test*
- *Test of Written Language-3 (TOWL-3)*
- *Woodcock Reading Mastery Tests-Revised*

Information Processing

- *California Verbal Learning Test-II*
- *Category Test*
- *Continuous Performance Test*
- *Detroit Tests of Learning Aptitude-Adult (DTLA-A)*
- *Detroit Tests of Learning Aptitude-3 (DTLA-3)*
- *Halstead-Reitan Neuropsychological Test Battery*
- *Rey-Osterrieth Complex Figure Test*
- *Stroop Interference Test*
- *Trail Making Test*
- *Wechsler Memory Scale III (WMS-III)*
- *Wisconsin Card Sorting Test*

Information from subtests on the *WAIS-III* or *Woodcock-Johnson-III - Tests of Cognitive Abilities*, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.

3. Personality Tests:

Acceptable instruments may include, but are not limited to:

- *Millon Adolescent Personality Inventory (MAPI)*
- *Millon Clinical Multiaxial Personality Inventory-III (MCMI-III)*
- *Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)*
- *Minnesota Multiphasic Personality Inventory-2 (MMPI-2)*
- *NEO Personality Inventory-Revised (NEO-PI-R)*
- *Personality Assessment Inventory (PAI)*
- *Sixteen Personality Factor Questionnaire (16PF)*
- *Thematic Apperception Test (TAT)*

Taken from: Documenting Psychiatric Disabilities, Guidelines for Documentation of Psychiatric Disabilities in Adolescents and Adults, July 2001, Office of Disability Policy, Educational Testing Service, Princeton, NJ 08541. Complete document can be found at:
<http://www.ets.org/portal/site/ets/menuitem.c988ba0e5dd572bada20bc47c3921509/?vgnnextoid=503350d0f2055010VgnVCM10000022f95190RCRD&vgnnextchannel=fbc7be3a864f4010VgnVCM10000022f95190RCRD>