



**DARTMOUTH**  
**Guarini School of Graduate**  
**and Advanced Studies**

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Attached is the Dartmouth College Psychiatric Disability Documentation Form. This form was created by Counseling and Human Development at Dartmouth College to clarify what is needed to determine whether or not a disability exists under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. A disability by definition must “significantly limit one or more of life’s major activities.” Further, it assists the Student Disabilities Coordinator in planning accommodations. Each recommended reasonable accommodation must be supported by the diagnosis and the behaviors associated with the diagnosis.

The information you provide will be used to help arrange accommodations for a student requesting them. A counselor at the student health center, Dick’s House, may be consulted during this process. Dartmouth College determines appropriate accommodations for each student.

Before you complete the form, please have a discussion with the student about the anticipated difficulties he or she might encounter in the curriculum or about any other situation the student might encounter that might involve a psychiatric disability. Please be aware that the student will read this form.

Important note: Please attach a letterhead cover sheet to the form and sign the form over your typed name, title, and credentials, including licensing information. In the letter, include historical information that supports the psychiatric diagnosis (including data that excludes other diagnoses). Document the severity and expected duration of the impairment in academic functioning.

Please see Dartmouth’s Guidelines for Documentation of Psychiatric Disabilities at Dartmouth College at <http://www.dartmouth.edu/~accessibility/policies/>.

Thank you.

Sincerely,

Gary Hutchins  
Assistant Dean of Graduate Studies



**If you are a medical provider outside of the College, please accompany with letter on professional letterhead and sign on reverse side, with title and credentials.**

## Psychiatric Disability Documentation Form

Name of Student: \_\_\_\_\_

**1. DSM-IV**

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Please comment on other diagnoses that have been considered and ruled out, including substance abuse and learning disabilities.

**2. Does this condition significantly limit one or more of the following major life activities?**

- |                         |          |        |
|-------------------------|----------|--------|
| Walking                 | Hearing  | Seeing |
| Working                 | Learning | Other  |
| Performing manual tasks |          |        |

**3. Describe the functional limitations and/or behavioral manifestations (e.g. easily distractible, poor concentration, difficulty focusing for extended periods of time, difficulty formulating and executing plan of action, difficulty overcoming unexpected obstacles, panics in unfamiliar surroundings and situations, etc) and recommended educational accommodations.**

<p>Behavior</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Recommended Accommodations (Do not include incompletes)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Psychiatric Disability Documentation Form – cont.**

4. Is there a current medication treatment plan? yes\_\_\_ no\_\_\_ n/a\_\_\_

Is there a current psychotherapy treatment plan? yes\_\_\_ no\_\_\_ n/a\_\_\_

List current medications:

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5. Special Considerations, e.g. medication side effects \_\_\_\_\_

6. Recommended re-evaluation time period or  
date: \_\_\_\_\_

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Your name, title and credentials

Date: \_\_\_\_\_