Information for Evaluators of Students with Psychiatric/Psychological Disabilities

The Counseling, Accessibility, and Psychological Services (CAPS) Office provides academic accommodations and services to students with psychiatric/psychological disabilities. Students seeking accommodations must provide appropriate documentation of their disability so that CAPS can determine the student’s eligibility for accommodations and the appropriate academic accommodations.

In order to verify the disability and its severity, CAPS requires that a report of the student’s evaluation be provided, as well as a completed and signed copy of the attached form. A professional with appropriate training and credentials must prepare the evaluation. Depending on the student’s condition an appropriate evaluator must be a licensed psychiatrist, psychologist, or other qualified licensed mental health or medical professional. The documentation, usually, should not be more than one year old. In addition the documentation should be specific in relation to psychiatric history, current mental status, and medical/neurological examination results where appropriate. The evaluation should include any diagnostic tests that were given to determine diagnosis and recommendations. This material will be kept confidential and will be utilized to determine the student’s eligibility for accommodations or services along with the type of accommodations and/or level of service required.

These requirements have been established because non-standardized tests and/or incomplete/outdated assessment reports do not enable the CAPS Office to accurately assess the student’s accommodation needs. The CAPS goal is to ensure equality of access and opportunity for students with disabilities by providing accommodations and services that will best assist the student in meeting the requirements of his/her particular academic program. In reviewing specific accommodation requests CAPS may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student’s academic program. In addition, CAPS may also propose accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.
TO BE COMPLETED BY THE STUDENT’S EVALUATOR

Eligibility Criteria for Provision of Accommodations to Students with Psychiatric/Psychological Disabilities:

1. Current verification of diagnosis and level of severity.
2. Evidence of significant functional limitation in the educational setting.

To ensure the provision of reasonable and appropriate services for students with psychiatric/psychological disabilities, CAPS requires students to provide current and comprehensive documentation of their disability and its impact on their education. This should include historical documentation, summary of previous evaluation and accommodations granted, results of medical tests (where appropriate), results of your evaluation, specific diagnostic testing, and a statement regarding the severity and longevity of the disability. Also please be sure to include your recommendations for treatment, follow-up, and accommodations for the student. To standardize the gathering of such information, we ask that you complete the following questions even if the material has already been provided in your evaluation. All material will be kept confidential.

Thank you for your cooperation.

1. Student Name _________________________________________________________
2. Diagnosis ____________________________________________________________
3. Date of Diagnosis _____/_____/_____
4. Date of last clinical contact with student _____/_____/_____
5. Approximate duration and prognosis of disorder _____________________________
6. Results of specific diagnostic testing completed. (attach assessment)
   ______________________________________________________________________
   ______________________________________________________________________
7. Describe the student’s functional limitations in an educational setting.
   ______________________________________________________________________
   ______________________________________________________________________
8. Please provide recommendations for accommodations that you believe will help equalize the student’s ability to access the University of Michigan-Flint’s educational program.

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________________________________________________________________________

9. Please provide a medication history for the student if applicable.

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10. Please provide any additional information you feel will be useful in determining the nature and severity of this student’s disability and any additional recommendations that may assist CAPS in determining appropriate accommodations and interventions.

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________________________________________________________________________

I certify, by my signature below, that I conducted or formally supervised the diagnostic assessment of the student named above.

Signature ________________________________ Date ________________

Print Name and Title ________________________________

Address ________________________________

Phone (____) ____________________________ Fax (____) ______________________

Please return information to:
The University of Michigan-Flint
Counseling, Accessibility, and Psychological Services
264 University Center
Flint, MI 48502
Phone (810) 762-3456
Fax (810) 762-3498