**Student Accessibility and Support Services**

Joseph P. Vona Academic Annex

 2083 Lawrenceville Road

 Lawrenceville, NJ 08648-3099

***Accommodations ▪ Coaching ▪ Consultation***

T 609-895-5492

F 609-895-5507

accessibility@rider.edu

 [www.rider.edu](http://www.rider.edu)/sass

**Documentation of Psychological/Psychiatric Disability**

***Confidential***

**TO BE COMPLETED BY STUDENT:**

**I hereby authorize**  **to**

**Release to and discuss with the Rider Student Accessibility and Support Services Office the information specified below.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To ensure the provision of reasonable and appropriate accommodations for students with psychological or psychiatric disorders at Rider University, **this form must be completed by a licensed mental health professional (e.g. psychiatrist, psychologist, LCSW)**.

**TO BE COMPLETED BY PROFESSIONAL:**

Name of Student: Date of Birth:

DSM V diagnosis and code:

Date student was last seen:

1. Please summarize student’s current psychiatric / psychological status and attach relevant assessment data (including clinical interview, results of psychological/psychiatric evaluation, and standardized test scores), if applicable:

1. Please indicate student’s current symptoms, likely impact on academic functioning in a college setting, and recommended academic accommodations:

Symptoms:

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Functional Limitations:

Recommended Academic Accommodations:

1. Please identify any treatment in which the student is currently involved.

1. Please list all currently prescribed medication and any side effects which may impact the student’s academic functioning or any other area of the student’s college life.

1. What other information do you consider relevant to this student’s ability to succeed in a college setting?

1. **Please attach all relevant assessment data (including clinical interview, results of psychological / psychiatric evaluation, and standardized test scores).**

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name and Title:

 License #

 Agency Name:

 Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: State: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE MAIL, EMAIL, or FAX COMPLETED FORM TO:**

Student Accessibility and Support Services

Joseph P. Vona Academic Annex, Room 8

Rider University

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