Office of Disability Services

Helping you access Rutgers, everywhere!

DOCUMENTATION GUIDELINES

The Office of Disability Services uses a combination of information to determine eligibility and reasonable accommodations. Documentation of a specific disability does not translate directly into a specific accommodation or set of accommodations, instead reasonable accommodations are determined on a case-by-case and course-by-course basis.

The rationale for seeking information about a student's condition is to support the higher education professional in establishing disability, understanding how disability may impact a student, and making informed decisions about reasonable accommodations.

Documentation assists the Office of Disability Services staff to:

- Establish a student's eligibility for services,
- Understand the impact of a student's condition(s) in an academic environment; and,
- Determine strategies and reasonable accommodations to facilitate equal access.

Fundamental components of documentation include:

- Completed by a professional who is qualified to diagnose or treat the condition and is working with the individual who is seeking accommodations
- A clear diagnostic statement identifying the disability and date of diagnosis
- A description of the diagnostic methodology used
- A description of the current functioning and impact of the condition(s)
- Identification of functional limitations
- A list of expected duration, progression, and stability of condition
- Support for the requested accommodations

More information about our documentation guidelines is available at: https://radr.rutgers.edu/student/general-documentation-guidelines

Please utilize the information on the left of this page for the correct Rutgers University campus the student is enrolled.

Rutgers Biomedical and Health Sciences (RBHS)
(regardless of physical location) Phone: 973.972.5396
Email: odsrbhs@ca.rutgers.edu
Website: go.rutgers.edu/ODSRBHS

Camden
Phone: 856.225.2717
Fax: 856.225.6084
Email: disability-services@camden.rutgers.edu
Website: go.rutgers.edu/CamdenODS

New Brunswick
Phone: 848.202.3111
Fax: 732.445.3388
Email: dsoffice@echo.rutgers.edu
Website: ODS.Rutgers.edu

Newark
Phone: 973.353.5375
Fax: 973.353.5666
Email: ods@newark.rutgers.edu
Website: ODS.Newark.Rutgers.edu

Documentation of a Psychological Disability

Student's First Name:

Student's Last Name:

Today's Date:

Date of Diagnosis:

Date Student was Last Seen:

How long have you been treating the student?

Frequency of Appointments:
- ☐ Once a week
- ☐ Twice a week
- ☐ Once a month
- ☐ Once every six months
- ☐ Once a year
- ☐ On an as-needed basis
- ☐ Other:

DSM-5 Diagnosis/ICD-10 Code(s)

What is the expected duration of the condition?

- ☐ Short-term (less than 6 months)
- ☐ Episodic
- ☐ Long-term (6 months - 1 year)
- ☐ Chronic (longer than 1 year with frequent recurrence)

In addition to the DSM-5 criteria, how did you arrive at your diagnosis? Please check all relevant items.

☐ Structured or unstructured interviews with the person him/herself
☐ Interviews with other persons
☐ Behavioral observations
☐ Developmental history
☐ Educational history
☐ Medical history
☐ Neuropsychological testing
☐ Psychoeducational testing
☐ Standardized or unstandardized rating scales
☐ Other:

If you selected Neuropsychological Testing, please provide the testing date.

If you selected Psychoeducational Testing, please provide the testing date.

Is the student currently taking any medication? ☐ Yes ☐ No

If yes, please provide information on each medication below.

Medication/Dosage/ Frequency (e.g., Celebrex, 200mg, 1x daily)

Side effects of medication

FUNCTIONAL LIMITATIONS

	No impact	Moderate impact	Substantial impact	Don't Know
Concentration	☐	☐	☐	
Memory	☐	☐	☐	☐
Sleep/Waking				
Eating	☐	☐	☐	☐
Social interaction				
Self-Care	☐	☐	☐	☐
Managing internal Distractions	☐			
Managing external distractions	☐	☐	☐	☐
Complex/Abstract thinking				
Attending class regularly and on time	☐	☐	☐	☐
Making and keeping appointments				
Stress management	☐	☐	☐	☐
Organization and prioritization of task(s)				
Stress management	☐	☐	☐	☐
Other				

If on medication, how does it impact the functional limitations listed above?

What symptoms are you hoping accommodations will target/mitigate? Are there any specific accommodations you might recommend that would help the student?

Is there anything else you think we should know about the student's psychological disability?

PROVIDER INFORMATION

Role of the individual completing this form (check all that apply).

- ☐ Treating Professional
- ☐ Psychotherapist
- ☐ Medication Supervisor
- ☐ Other Treating Professional
- ☐ Evaluator
- ☐ Second Opinion Evaluator
- ☐ Other ___________________________________

Provider full name:	
License number:	
Profession:	
Provider's address:	
Provider's phone number:	
Fax number:	
Provider's e-mail address:	