



SOUTHWESTERN
COLLEGE

Office of Disability Services

Documentation of Psychological Disabilities
(To be completed by a qualified professional)

Name: _____ S.S. # _____

Phone: _____ Address: _____

City/State/Zip: _____

Email: _____

By signing this form I grant permission for information concerning my disability to be released to Southwestern College, Office of Disability Services. All documentation of disability information is treated as confidential material.

Signature: _____ Date: _____

The above student has requested that you complete the following information to verify their disability. To ensure the provision of reasonable and appropriate services for students with psychological disabilities; students needing such services are required to provide current and comprehensive documentation of their disability. We ask that you complete the following sections or provide a written report that addresses all of the areas listed below. Any information you can provide that offers recommendations for necessary and appropriate auxiliary aids or service, academic adjustment, or other accommodation is appreciated.

Date of Diagnosis: _____

Diagnosis (DSM criteria) _____

Process used to determine diagnosis:

Diagnostic Interview Summary

Level of Severity (circle one) Mild Moderate Severe

Measures used to assess the following

Aptitude

Achievement

Information Processing

Social – Emotional

Provide a summary of the student's educational, medical, and family history that may relate to learning disability:

Qualified Professional Signature: _____

Printed name and title: _____

Address: _____

Daytime telephone number: (_____) _____

Please return this form to:

Steve Kramer
Disability Services Coordinator
Southwestern College
100 College Street
Winfield, KS 67156
Scan/Email: steve.kramer@sckans.edu
Fax: 620-229-6363