Psychological / Psychiatric Disabilities

Comprise a range of conditions characterized by emotional, cognitive, and/or behavioral dysfunction. Diagnoses are provided in the DSM-IV-TR or the ICD-10. Note that not all conditions listed in the DSM-IV-TR are disabilities, or even impairments for purposes of the ADA. Therefore, a diagnosis of a disability does not, in and of itself, meet the definition of a disability necessitating reasonable accommodations under the ADA or Section 504 of the Rehabilitation Act of 1973.

A Qualified Professional Must Conduct the Evaluation

1. Diagnoses of psychological disabilities documented by family members will not be accepted due to professional and ethical considerations even when the family members are otherwise qualified by virtue of training and licensure/certification. The issue of dual relationships as defined by various codes of professional ethics should be considered in determining whether a professional is in an appropriate position to provide the documentation.

2. Professionals conducting evaluations and rendering diagnoses or diagnostic impressions of and making recommendations for accommodations must be qualified to do so. Generally, psychologists, psychiatrists, relevantly trained physicians and relevantly trained licensed professional counselors are considered qualified. Finally, the name, title, and credentials of the qualified professional writing the report should be included. Information about license or certification, as well as the area of specialization, employment, and state or province in which the individual practices, should also be clearly stated in the documentation. All reports should be in English, typed or printed on professional letterhead, dated, and signed.

Documentation that Supports the Diagnosis Must Be Comprehensive

In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. The diagnostic report should include the following components:

1. A specific diagnosis

2. History of presenting symptoms

3. Duration and severity of the disorder

4. A specific request for accommodations with accompanying rationale

5. Relevant, developmental, historical, and familial data

6. Relevant medical and medication history, including the individual's current medication regimen compliance, side effects (if relevant), and response to medication

7. A description of current functional limitations in different settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the
academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance)

8. If relevant to test-taking performance, a description of the expected progression or stability of the impact of the condition over time

9. If relevant to test-taking performance, information regarding kind of treatment and duration/consistency of the therapeutic relationship