

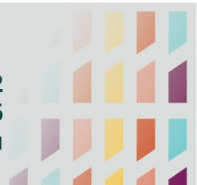
# CERTIFICATION OF DISABILITY

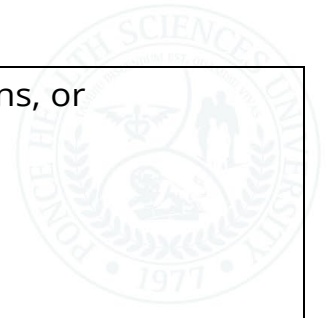
## Reasonable Accommodation

### Psychological Disability Evaluation



Name of student:	Date of birth:
Diagnosis/ disability (ICD or DSM Code):	Date of diagnosis (onset):
Prognosis:	Coexistent condition, if apply:
<b>Impact on Academic and Daily Functioning</b>	
Approximately, how long do you understand the student will need a reasonable accommodation?	
Please describe how the student's condition affects their academic and daily functioning.	
Please describe any limitations resulting from the condition that interfere with the student's ability to perform their academic tasks, but that can be managed with reasonable accommodations.	





Please list any ongoing treatment, including therapy, medications, or interventions, if apply:

Please provide a summary of the assessment procedures used to diagnose the condition (e.g., psychological testing, interviews, observations), if is relevant:

How long have you been treating this student?

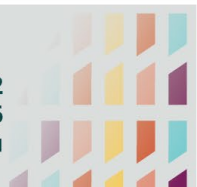
**Impact on Learning, Emotional Well-being, and Academic Performance**

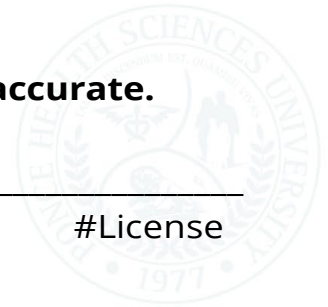
Please specify how the student's disability and symptoms affect their learning and academic performance. The goal is to gain a comprehensive understanding of the student's challenges. This will help create personalized recommendations to support their academic and emotional development. Specified the extent to which a disability impacts the student's ability to perform the following components.

Components	Level of severity (based on the impact of the difficulties on the student's academic and social performance and functional limitation)			
Cognition	None	Mild	Moderate	Severe
Intellectual functioning				
Working memory				
Attention and concentration				
Processing speed				



Academic skills	None	Mild	Moderate	Severe
Reading				
Mathematics				
Writing				
Executive functioning	None	Mild	Moderate	Severe
Planning and organization				
Ability to control impulse				
Cognitive flexibility				
Decision-making				
Emotional and behavioral	None	Mild	Moderate	Severe
Emotional regulation				
Social behavior				
Maladaptative behaviors				
Recommended Accommodations				
<p>Recommend specific accommodation, including assistive devices, for both test-taking and the academic setting (classroom). These accommodations must be targeted to alleviate the impact of specific disability on access to education or fair testing.</p> <p>Please specify why these accommodations are necessary and how they will alleviate the impact of the identified functional limitations in academic settings or exams.</p>				
Accommodation recommended		Justification for need		





**I hereby certify that the information provided is true and accurate.**

\_\_\_\_\_  
Name of specialist:

\_\_\_\_\_  
Specialty

#License

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Revised 01/2025

