

Neuropsychological Condition Accommodation Support Form

NOTE: Please type or print your answers on this form.

Student Information

Student Name: _____
Student ID Number: _____
Campus Address: _____
Local Phone Number: _____
Date of Birth: _____
Date of Evaluation: _____

Student's Present Symptoms

Please list present symptoms and describe their severity using mild, moderate, and severe.

Symptom	Severity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Diagnosis

Multiaxial Evaluation Report (DSM-IV-TR, 2000) Please include all relevant DSM-IV and ICD-9-CM names and diagnostic codes.

Axis I: Clinical disorders and other conditions that may be a focus of clinical attention

Axis II: Personality disorders and mental retardation

Axis III: General medical conditions

Axis IV: Psychological and environmental problems

Axis V: Global Assessment of Functioning Scale

Evaluation Tools

- Clinical Interview
 Information from a 3rd party
 Self-report inventories. Please list. _____
- Review of academic records
 Professional observation

Tests of cognitive functioning. Please list. _____

Please attach test scores. Include any interpretive summary along with standard scores and percentile ranks.

Cognitive Functioning

Please indicate to what degree the condition impacts the following cognitive functions:

- | | | | |
|--------------------------------------|-------------------------------|-----------------------------------|---------------------------------|
| Executive Functioning | <input type="checkbox"/> mild | <input type="checkbox"/> moderate | <input type="checkbox"/> severe |
| Working Memory | <input type="checkbox"/> mild | <input type="checkbox"/> moderate | <input type="checkbox"/> severe |
| Perception | <input type="checkbox"/> mild | <input type="checkbox"/> moderate | <input type="checkbox"/> severe |
| Long term Memory | <input type="checkbox"/> mild | <input type="checkbox"/> moderate | <input type="checkbox"/> severe |
| Focus, maintain and divide attention | <input type="checkbox"/> mild | <input type="checkbox"/> moderate | <input type="checkbox"/> severe |
| Psychomotor behavior | <input type="checkbox"/> mild | <input type="checkbox"/> moderate | <input type="checkbox"/> severe |

Academic/Social Impact of Condition(s)

Please describe the academic and social impact of this student's condition. _____

Medication & Side Effects

Please list prescribed medications and any reported or potential side effects. _____

Recommendations for Accommodations/Referrals

- Extended time for exams (time and a half)
- Extended time for exams (double time)
- Reduced distraction environment (semi-private room) for exams
- Reduced distraction environment (private room) for exams
- Note taking assistance
- Should be allowed to take more than the allowed amount of online classes
- Referral for personal counseling
- Referral for time management skills training
- Referral for study skills training
- Referral for organizational skills training
- Referral for test taking skills training
- Private room in the residence halls. If recommending this accommodation, please specify the reason why a private room is needed. _____

- Absence leniency. If recommending this accommodation, please specify the reason for absences and estimate the frequency of absences given the student's current condition. _____

- Referral for further assessment. Please indicate all that apply
 - Alcohol and drug
 - Learning disability
 - Other accommodations. Please list. _____

Evaluator Information

Evaluator Name: _____

Evaluator Title: _____

Evaluator Signature: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____