



Counseling and Accessibility Services
Student Center, Room 212
419 College Drive, Barnesville, GA 30204
Phone: 678-359-5585

Documentation Request-Psychological

I, (Print Name) \_\_\_\_\_, am requesting accommodations from Gordon State College Accessibility Services for a psychological/psychiatric disability. Information on my ability to benefit in an academic setting, and specifics regarding my disability, are required for services. Please complete the information below or provide a report on letterhead that incorporates the requested information.

\_\_\_\_\_
Date Student Signature GSC ID# (929)

1. DSM V

Axis 1: \_\_\_\_\_
CODE \_\_\_\_\_

Axis 2: \_\_\_\_\_
CODE \_\_\_\_\_

Date of onset: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Frequency of office visits: \_\_\_\_\_

2. Describe the functional limitations and/or behavioral manifestations and recommended compensatory strategies for an academic environment.

Table with 2 columns: Behavior, Recommendation. Includes four rows of blank lines for text entry.

3. Medication prescribed and expected side effects that can interfere with cognition and performance in an academic environment.

Medication	Side Effects
_____	_____
_____	_____
_____	_____
_____	_____

4. Please attach copies of psychological/psychiatric/educational testing and reports.

(Please Print)

Provider Name \_\_\_\_\_

Title: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_