



Documentation of Psychiatric Disorders

Germanna Community College is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide auxiliary aides and services to qualified students with documented disabilities. Federal law defines a disability as:

“A physical or mental impairment that substantially limits one or more major life activities”.

Major life activities are defined as the ability to perform such functions as:

- Walking
- Seeing
- Hearing
- Breathing
- Speaking
- Learning
- Working, or
- Taking care of oneself

It is important to note that a mental impairment in and of itself does not necessarily constitute a disability. The impairment must be significant enough to “substantially limit” one or more major life activities.

Germanna strives to ensure that qualified students with psychiatric disabilities are appropriately accommodated, and if possible, that these accommodations do not jeopardize successful therapeutic interventions. The college does to modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life functions.

This form is designed to allow us to achieve these goals. Students who wish to receive academic adjustments due to a psychiatric disability need to have this form filled out by a psychiatrist, licensed psychologist, licensed social worker, or licensed professional counselor.

The professional completing this form:

- must have first-hand knowledge of the student's condition
- must have experience diagnosing and treating college students, and
- be an impartial professional who is not related to the student.



Part I: Student Information

Student Name: _____

SS# _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Part II: Certifying Professional

Name: _____

Credentials: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Date of last contact with student: _____ / _____ / _____

Date of diagnosis: _____ / _____ / _____

(A). Multi-axial DSM – IV diagnosis:

Axis I _____

Axis II _____

Axis III _____

(B). Symptoms supporting diagnosis:

(C). Current medications including side effects:

(D). Learning abilities specific to the post secondary environment that are impaired by the psychiatric disability (i.e., difficulty with concentration, slow processing speed, etc.)



(E). Implications for taking exams caused by the disorder or medications. Please specify which:

(F). Suggested accommodations for this student. Each recommended accommodation should include a detailed explanation of its relevance to the student's disability.

Signature of Certifying Professional:

_____ Date: _____

Important: If you have any questions regarding the nature of the information needed for students with psychiatric impairments, please contact the Coordinator of Disability Services.

Return this form to:

Win Stevens
Coordinator of Disability Services
Germannanna Community College
Fredericksburg Area Campus
10000 Germanna Point Drive
Fredericksburg, VA 22408

(540) 891-3019

Special Needs Counselor
Germannanna Community College
Locust Grove Campus
2130 Germanna Highway
Locust Grove, VA 22508

(540) 423-9123