

**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**

Multitaxial 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 3<sup>rd</sup> 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. \_\_\_\_\_

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## 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. \_\_\_\_\_

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

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

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## Evaluator Information

Evaluator Name: \_\_\_\_\_

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

Evaluator Signature: \_\_\_\_\_

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

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

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

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