



Student Counseling and Wellness Resource Center

Documentation Requirements for a Psychological Diagnosis

Grambling State University is committed to ensuring that qualified students with documented disabilities receive reasonable and appropriate accommodations. Academic accommodations and support services are provided to ensure equal access to educational opportunities to students with disabilities. The mandate to provide reasonable academic accommodations does not extend to adjustments that would "fundamentally alter" the nature of the course, course components or course requirements.

In order to fully evaluate a student's request for academic accommodations or auxiliary aids and to determine for services, documentation of the student's disability is required. Eligibility For accommodations under Section 504 of the 1973 Rehabilitation Act, the Americans with Disabilities Act, Amendment Act (ADAA) are based on the existence of a physical or mental impairment that substantially limits a major life activity affecting one's ability to fully participate in academic and/or campus life. The documentation must include evidence of both a disorder and indicate relevant functional limitations to a major life activity such as reading, writing, walking, seeing, and caring for oneself, performing manual tasks, eating, speaking, breathing, hearing, learning, concentrating, thinking, and communicating. Accommodations are provided in response to the functional limitations of a disability as they clearly intersect with academic demands and designed to provide equal access. Documentation is needed to determine appropriate and reasonable accommodations.

Students requesting accommodations on the basis of mental health disability must provide current documentation from a licensed clinical professional who has relevant experience in differential diagnosis and the full range of mental disorders (i.e., licensed clinical psychologist, psychiatrist, or licensed clinical social worker). Please note that this office WILL NOT accept documentation provided by a member of the student's family.

The Required Information to be provided by the Certifying Professional must be on official letterhead and signed by the certifying professional. The letter should include the following information:

Foster Johnson Health Center, Central Ave. Grambling, LA 71245
Phone: (318) 274-3277 · Email: counselingcenter@gram.edu

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1. Applicant's name and date of birth.
2. State and date the applicant's current diagnosis(es) as per the Diagnostic and Statistical Manual-5 (DSM-5).
3. Indicate the nature, frequency, and severity of the symptoms upon which the diagnosis was based. Please note that a diagnosis without explicit listing of current symptoms is not sufficient.
4. How long have you treated this applicant? Please include the date of the last appointment. If applicable, list the prescribed medications and dosages.
5. Indicate how the current behaviors, medication, and the presenting symptoms may negatively impact the applicant's academic functioning.

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