I. A qualified professional must conduct the evaluation.
   • Name, title, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
   • Evaluators must have training in, and experience with, the differential diagnosis of psychiatric disorders in adolescents and/or adults.
   • Appropriate professionals may include clinical psychologists, neuropsychologists, psychiatrists or other specifically trained medical doctors, clinical social workers, licensed mental health counselors, and psychiatric nurse practitioners.
   • Evaluations performed by members of the student’s family are not acceptable.
   • All reports must be signed by the evaluator, and should include a completed Geisel form (if feasible), as well as any additional information typed on letterhead.

II. Documentation must be current.
   • Initial documentation should, in general, be based on evaluations performed within six months.
   • If a report is older than six months, and the student has remained in clinical contact with his or her evaluator, that professional may supplement the original report with a letter (on letterhead) describing any and all changes since the previous report. [The supplement would be in lieu of another complete report.]
   • The timing of follow-up, supplemental documentation is typically based on the professional’s recommendation, and is usually required every 3, 6, or 12 months.
   • All documentation (including any supplements), should describe the current impact of the diagnosed condition(s).
   • All documentation should describe any currently mitigating factors, such as medication or other treatment.
   • All documentation should make recommendations currently appropriate to a medical school environment.

III. Documentation must be comprehensive.
   • Reports should include a brief history of the student’s psychiatric problems, and must include any prior behavior that was violent or destructive.
   • A specific diagnosis, or more than one, must be included.
   • Reports must indicate that current DSM criteria have been met for each condition.
   • Other potential diagnoses must be ruled out in the report.
   • Documentation must indicate whether or not the evaluator believes the diagnosed condition(s) rise(s) to the level of a disability as defined by Section 504 and the ADAAA (substantially limiting a major life activity such as working, learning, walking, standing).
   • There must be a clear indication of the individual student’s functional limitations, in a medical school environment and across other domains.
   • Documentation should include recommendations for accommodations that are directly related to the functional limitations.
   • A rationale, explaining why each recommendation for accommodation is appropriate, should be given.
   • A statement regarding potential for harm to self or others must be included.
   • A clinical summary is helpful.

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