



**SUMMARY OF PSYCHOLOGICAL CARE
by Non-UC Berkeley Providers**

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Dear Mental Health Care Provider,

A UC Berkeley student who has been under your care is requesting an adjustment to his/her class schedule. Your assessment of the student's condition and progress would be much appreciated by the college. After you have completed this form, please attach your business card and seal the form in an envelope. Please sign across the seal and give the envelope to the student to submit with his/her request. Thank you for your assistance.

For Completion by Student

Student name

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Student ID number

Email address

Phone number

Academic term for which schedule adjustment is being requested: Fall Spring Summer ____ Year

Note: A separate "Summary of Psychological Care" form is needed for each semester that an adjustment is requested.

For Completion by Provider

Provider name

Position or Title

Provider signature

Date

Date of patient's first visit

Total number of visits

Number of visits during the period in question
(see box checked above by student)

Please check the academic functions and symptoms that were affected *during the period in question* (see box checked above by student) because of the student's condition, and indicate the severity of the impairment *during that period*.

Definitions of severity ratings on back

Academic Function	1-Mild	2-Moderate	3-Significant	4-Severe	5-N/A
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to attend class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only

Reviewed by

Date

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