QUESTIONNAIRE FOR THE PSYCHIATRIST

Information in the form is the basis for academic support via the Office for Persons with Disabilities UW

As a result of the medical examination it was stated that:

Sir/Madam ..................................................................................................................

(name and surname)

PESEL NO.: ..............................................................................................................

Cognitive functions:

* delayed reaction time
* increased susceptibility to distraction (under what conditions especially?)
* problems with doing two tasks the same time (especially listening and making notes)
* memory problems – specifically in coding (are there any known environmental factors which intensify or reduce them?)
* information recovery problems (factors intensifying/reducing?)
* hypersensitivity or reduced sensitivity to specific stimuli
* problems with structuring information
* making decisions

Emotional functions:

* increased reactivity to stress (under what conditions especially?)
* increased anxiety related to leaving home, being in crowd, i.eg on city transportation, being in new places, etc.
* intense anxiety in situations requiring group participation
* increased anxiety in assessment situations
* increased avoidance of emotionally charged situations
* feeling depressed, guilty, worthless, lacking control etc.

Social and communication functioning:

* difficulties in meeting new people and using community support with peer group and staff
* difficulties in understanding the social context of communication
* difficulty in entering a new University system and adaptation to different norms

Functional description of health difficulties that may affect studying

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Additional information:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………….

Date and signature