



Verification of Psychiatric Disability

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of their disability. This documentation should provide information regarding the onset and severity of disability, as well as describe how it interferes with educational achievement. In order to establish that an individual is covered under ADA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and that it substantially limits some major life activity, including learning. The documentation must show how the disability impacts the major life activity of learning and if you are requesting accommodations, academic adjustment and/or auxiliary aids, the documentation must support your request.

The student named below has applied for services and/or accommodations through Student Services at Bellin College. In order to provide reasonable and appropriate services for students with psychiatric disabilities, current and comprehensive information documenting the functional impact of the disability is required. This form is intended to assist clinicians in providing sufficient information so that eligibility for services can be determined. The information you provide will not become part of the student's educational records and will be kept in the student's confidential file in the Advisor's office in the Student Services Department. In addition to the requested information, please attach any additional information; for example, your report and any test results. Thank you for your assistance.

Diagnostic Information (Please Print Legibly or Type)

Student Name: _____ **Date:** _____

Please attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that discusses the results.

1. Date of Diagnosis: _____

2. Date student was last seen: _____

3. What is your DSM-IV Diagnosis multi-axial diagnosis for this student?

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V (GAF Score):

4. In addition to DSM-IV criteria, how did you arrive at your diagnosis?

- Structured or unstructured clinical interviews with the individual
- Interviews with other individuals
- Behavioral observations
- Developmental history
- Educational history
- Medical history
- Neuro-psychological testing – Date(s) of testing?
- Psycho-educational testing – Dates(s) of testing?
- Standardized or non-standardized rating scales
- Other (please specify):

5. Severity of the condition loss (check one): mild moderate substantial
Describe the severity checked above.

6. What is the expected duration of this disability? _____

7. Is the student currently receiving therapy or counseling? yes no

8. Does the student plan to continue counseling or therapy with you over the course of the semester?
 yes no

9. Major Life Activities Assessment: A student must have a substantial limitation in a major life activity to receive accommodations at the post-secondary level.

Please check which of the following major life activities listed below are affected because of the impairment. Please assess degree of functional impairment demonstrated by your patient:

1 = Negligible 2 = Moderate 3 = Substantial 4 = Severe UN = Unknown

1) Eating	1	2	3	4	UN
2) Social Interactions	1	2	3	4	UN
3) Caring for Oneself	1	2	3	4	UN
4) Keeping Appointments	1	2	3	4	UN
5) Stress Management	1	2	3	4	UN
6) Managing Internal Distractions	1	2	3	4	UN
7) Managing External Distractions	1	2	3	4	UN
8) Sleeping	1	2	3	4	UN
9) Time Management	1	2	3	4	UN
10) Organizational Skills	1	2	3	4	UN
11) Task Persistence	1	2	3	4	UN
12) Employment/Work Skills	1	2	3	4	UN

Learning:

13) Memory Skills	1	2	3	4	UN
14) Reading (fluency/concentration)	1	2	3	4	UN
15) Calculating	1	2	3	4	UN
16) Written Expression	1	2	3	4	UN
17) Listening	1	2	3	4	UN
18) Thinking	1	2	3	4	UN
19) Concentrating	1	2	3	4	UN
20) *Other	1	2	3	4	UN

*Please specify:

10. Describe how the functional limitations rated above as substantial will affect the student in an academic setting.

11. What medication(s) is the student currently taking? How effective is the medication(s)? How might side effects, if any, affect the student's academic performance?

12. Describe any situations or environmental conditions that might lead to an exacerbation of the condition.

13. State specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/adjustments/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state the reasons for this request related to the student's diagnosis).

Distraction free test environment

Extended test time ___Time plus 15 min. ___Time and One-Half ___Double Time

Note taking support

Reduced credit load

Other:

14. If current treatments (e.g. medications, counseling, etc.) are successful, state the reasons why the above academic adjustments/accommodations/services are necessary. Please be specific.

15. Is there anything else you would like us to know about this student?

Provider Information

(Please sign and complete fully - Print or Type)

Signature: _____ **Date:** _____

(Signature of medical doctor or other professional providing this information is required)

Print Name: _____

Title: _____

License or Certification #: _____

Office Address (street, city, state and zip code): _____

Office phone: _____

Fax number: _____

Email: _____

Please return to:

Bellin College
Attn: Janelle Maricque
3201 Eaton Road
Green Bay, WI 54311

Fax: (920) 433-1922
Email: janelle.maricque@bellincollege.edu

