

Verification of Psychiatric Disability

In order to establish that a student is an “otherwise qualified student with a disability,” the Coordinator of Disabilities Services of Clark University, in accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, is requesting documentation of a student’s disability. The student has requested services related to his/her disability and has signed a release (a copy of which is being provided to you) indicating that you are an appropriate individual to provide disability documentation for the student.

Directions:

1. This form is to be filled out by a licensed professional or certified diagnostician.
2. Please complete the following form in order to document that this student does indeed have a disability. **According to the ADA disability is defined as a physical or mental impairment that substantially limits one or more major life activities.** Major life activities include such functions as breathing, seeing, hearing, speaking, walking, learning, working, performing manual tasks, and caring for one self.
3. Thoroughly answer **all** questions, as this will put the Coordinator of Disability Services in a better position to advocate for the student, should the student request this of the Coordinator. If you need more room, feel free to write or type on a separate piece of paper.

Thank you for your assistance.

Name of Student: _____

1. Diagnosis/Diagnoses (include DSM-IV classification). Please also indicate the severity of the diagnosis and your evidence that the student’s disability will pose a substantial limitation to learning and/or another major life activity.

a. Date of diagnosis: _____

b. Date of last contact with student: _____

c. Approximate date or timeframe for next contact with student (if known): _____

d. What is the prognosis? _____

2. Describe the symptoms supporting this diagnosis. If tests were administered in the diagnostic process, please include a copy of the report including the names of the tests, the student's scores, and a brief interpretation of the student's performance on the tests. *(Testing information is a requirement for all learning disabilities diagnosis; please see our WEB site for specific information)*

3. Please elaborate on how the student's disability may affect his/her academic and social performance at Clark University.

4. List any current medications and any adverse side effects that have been experienced by the student and/or that may be experienced by the student.

a. Does this medication need to be monitored locally?

- b. Does this student continue to need accommodations when utilizing any recommended medications?

5. What recommendations do you have regarding accommodations for this student?

- a. If it is not obvious from your answers above, please explain how you think that these accommodations will directly affect the student's academic and/or social limitations and why you feel the accommodations you are recommending are justified for this student.

6. Please provide any history and/or chronological information that is relevant to the student's disability.

7. Is there any additional relevant information that you feel would allow the appropriate Clark University officials to better understand and more fully advocate for this student? If so, please provide this information.

_____/_____
Signature Date

Printed Name and Credentials/Title/License Number:

Address: _____

Phone: _____ Fax: _____

After completely filling out this form, please fax it to 508-421-3700, or mail it to the Coordinator of Disability Services, Clark University, 950 Main Street, Worcester, MA 01610-1477. If you have any questions about this form, please call 508-793-7468.

(Revised 11/06/06)