DIVISION OF
STUDENT AFFAIRS
COUNSELING CENTER

Disability Support Service
0106 Shoemaker Building
4281 Chapel Lane
College Park, Maryland 20742
301.314.7682 TEL
301.405.0813 FAX

Verification of Psychological Disability for Accommodations

The student named below has applied for services from the Disability Support Service (DSS) at the University of Maryland College Park. In order to determine eligibility and to provide any requested services, we require documentation of the student's psychological disability.
Under the Americans with Disabilities Act (Amendments Act) of 1990(2008) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities and has an expected duration of not less than 6-8 weeks. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

- An assessment of a psychological disability must be relevant and appropriate to the diagnosis. It is in the client's best interest to submit documentation that is current when registering (preferably within the last six [6] months).
  - When appropriate, some clients may be asked to provide periodic updates.
- The medical provider completing this evaluation cannot be a relative of the student or a close friend.
- If the student's diagnosis is ADHD, please refer to the ADHD verification form, which can be found on the DSS website (This form is no longer used as a verification of ADHD).

After completing this form, please mail or fax it to us. The information you provide will **not** become part of the student's educational records, but will be kept in the student's file at DSS, where it will be held strictly confidential. However, this form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

❑ Mr. ❑ Ms. Student Name (print) Student Date of Birth

Student Signature Date

Student Email Address Student Phone

Student's Sex: Male Female Trans/male Trans/female

Other:

Student's Name:

Today's Date: Date of initial Diagnosis:

Date Student was Last Seen: ___________________________

DSM-V Diagnosis(es):

1. In addition to DSM-V criteria, how did you arrive at your diagnosis? Please check all relevant items below, ***adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.***

- ☐ Structured or unstructured interviews with the person himself or herself
- ☐ Interviews with other persons
- ☐ Behavioral observations
- ☐ Developmental History
- ☐ Educational history
- ☐ Medical history
- ☐ Testing: (check all that apply)
  - Neuro-psychological testing. Date(s) of testing? (Attach copy of report)
  - Educational Testing. Date(s) of testing? (Attach copy of report)
  - Psychological Testing. Date(s) of testing? (Attach copy of report)
- ☐ Other (Please specify).

Student's Name:

Please check which of the major life activities listed below are affected because of the medical diagnosis. Please indicate the level of limitation.

Life Activity	NO Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating	☐	☐	☐	☐
	NO Impact	Moderate Impact	Substantial Impact	Don't Know
Memory	☐	☐	☐	☐
	NO Impact	Moderate Impact	Substantial Impact	Don't Know
Sleeping	☐	☐	☐	☐
	NO Impact	Moderate Impact	Substantial Impact	Don't Know
Eating	☐	☐	☐	☐
	NO Impact	Moderate Impact	Substantial Impact	Don't Know
Social Interactions.	☐	☐	☐	☐
	NO Impact	Moderate Impact	Substantial Impact	Don't Know
Self-care	☐	☐	☐	☐
	NO Impact	Moderate Impact	Substantial Impact	Don't Know
Managing internal distractions.	☐	☐	☐	☐
	NO Impact	Moderate Impact	Substantial Impact	Don't Know
Managing external distractions	☐	☐	☐	☐
	NO Impact	Moderate Impact	Substantial Impact	Don't Know

Timely submission of assignments.	☐	☐	☐	☐
	NO Impact	**Moderate Impact**	**Substantial Impact**	**Don't Know**
Attending class regularly and on time	☐	☐	☐	☐
	NO Impact	**Moderate Impact**	**Substantial Impact**	**Don't Know**
Making and keeping appointments.	☐	☐	☐	☐
	NO Impact	**Moderate Impact**	**Substantial Impact**	**Don't Know**
Stress management	☐	☐	☐	☐
	NO Impact	**Moderate Impact**	**Substantial Impact**	**Don't Know**
Organization.	☐	☐	☐	☐

3. What other specific symptoms manifesting themselves at this time might affect the student's academic performance?

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

Student's Name:

5. Please indicate the **academic accommodations** needed based on medical necessity (e.g. note takers, extended time for tests, large print etc.). Please include a brief justification.

6. What is the student's prognosis? How long do you anticipate that the student's academic achievement will be impacted by his/her disability?

7. Is there anything else you think we should know about the student's psychological disability?

CERTIFYING PROFESSIONAL*

PRINT -

Name/Degree/Field:

Signature:

License Number:

Address:

Telephone: Fax:

The provider completing the evaluation cannot be a relative of the student; a friend of the student's family, a primary care provider or general practice physician.

****Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, clinical social workers, marriage and family therapists, and in some instances general practice physicians. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.***

*** From: University of California, Berkeley - Disabled Students' Program Certification of Psychological Disability, v. 2/02 ***Rev. 04.28.14