Verification of Psychological Disability

Student’s Name: ____________________________________________________________

To be completed by a Qualified Licensed Provider:

A licensed clinical psychologist, clinical neuropsychologist, psychiatrist, or other appropriately trained medical professional with expertise in the field of adult psychological disorders must conduct a complete psychological assessment. Though each case is dealt with on its own merits, eligibility, for disability accommodations and services typically requires that the student presents the following evidence:

- There is clear evidence of a properly diagnosed and reported psychological impairment.
- The diagnosed impairment substantially limits (as compared to the “average person” in the general population) a major life function.

Converse College provides testing and classroom accommodations for students with a verified and substantially limiting disability. A student’s documentation must demonstrate the existence of a condition covered by the Americans with Disabilities Act (ADA: 1990). The ADA defines a disability as a physical or mental impairment that substantially limited one or more major life activities. Documentation of such impairment must be derived from a licensed provider who is not a relative of the student. Specific information regarding the condition as well as its impact on learning must be provided:

- Summary of results of a structured psychiatric interview. In the absence of such a structured interview, an itemized review of DSM-V TR diagnostic criteria must be present.
- Family history
- Age of onset and course of illness
- Psychological tests (especially illness-specific assessments)
- History of treatment and outcomes
- History of attempted accommodations in an educational setting
- A rationale for any recommended accommodations
- Side effects of educational impact of medication(s)

Please attach a separate sheet of paper or include a separate report if the space provided is not sufficient.

1. What is the student’s DSM V-TR diagnosis and diagnostic code? ________________________________
   a. State the current symptoms:_____________________________________________________________
   b. When was the first onset of the symptoms described by DSM V-TR? _________________________
   c. How is the disability substantially limiting?______________________________________________
d. State the frequency of your appointments with this student and the date of your last contact with the student.

________________________________________________________________________________________

2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out.

________________________________________________________________________________________

3. In an attached report, please state approximately how much time was used to complete the clinical interview, give the date of the interview, and provide a summary of findings from each of the following elements of the interview:

- A survey of past and present functional limitations
- Pertinent development and medical history
- Psychological, psychiatric, and work history
- School history- based on school records, report cards, transcripts, social/academic adjustment
- Social adjustment and general day-to-day adaptive functioning

4. List and describe any diagnostic-specific rating scales or global clinical assessments of severity used to determine the pervasiveness of the condition.

________________________________________________________________________________________

5. Describe the symptoms related to the student’s condition that cause significant impairment in a major life activity.

________________________________________________________________________________________

6. If applicable, list the student’s current medication(s) and side effects.

________________________________________________________________________________________

a) Are there any significant limitations to the student’s functioning directly related to the prescribed medication? Yes __________ No__________ NA__________

b) If yes, please describe. __________________________________________________________________________________________

7. Please specify recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student’s functional limitations. Indicate why the accommodations you recommend are necessary. (For example, if you recommend extra testing time state the reasons for this request related to the student’s disability, supported by the psychometric testing.)

________________________________________________________________________________________

8. Are the current treatments successful? If so, why are the above accommodations necessary?

________________________________________________________________________________________

Signature of Provider: ______________________________ Date: ______________________________
License #: ______________________________ State: ______________________________
Name/Title: __________________________________________
Address: ____________________________________________
Phone: _____________________________________________
E-mail: ____________________________________________