



Disability Support Services

8000 York Road, Towson, MD 21252

410.704.2638 - 410.704.4423 (TDD)

410.704.4247 (Fax)

www.towson.edu/dss

DISABILITY VERIFICATION FOR STUDENTS WITH A PSYCHOLOGICAL DISORDER (EXCEPT AXIS I: AD/HD)

The student named on the following page has asked to register with Disability Support Services (DSS) at Towson University.

Under the Americans with Disabilities Act as amended (ADAAA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. Federal law defines a disability as a physical or mental impairment that substantially limits a major life activity (e.g., learning, reading, concentrating, thinking). To establish disability status and eligibility for accommodations, DSS requires current and comprehensive documentation of the student's impairment. A diagnosis alone does not automatically qualify a student for accommodations. Disability documentation is reviewed by DSS staff on a case-by-case basis to determine eligibility for services.

Documentation presented must include all information required by the Towson University guidelines for documenting the disability. The guidelines for documentation can be found at:

<http://www.towson.edu/dss/studentguide/documentationguidelines.asp>. Incomplete information may delay or prevent the student from receiving accommodations.

DSS has established these requirements to enable the staff to accurately assess the student's needs. Our goal is to ensure equal educational opportunity by providing accommodations and services that will assist the student in meeting the requirements of his or her academic program. In reviewing a specific accommodation requested by the student or recommended by the diagnosing professional, DSS may find that it is not an appropriate accommodation given the requirements of a course or program. In addition, in light of our experience in providing accommodations, DSS may also propose an alternate accommodation that would be appropriate and useful to the student, but which neither the evaluator nor student has requested.

Qualified Professional: The diagnosis must be done by a licensed mental health professional such as a psychiatrist, neurologist, clinical psychologist, licensed clinical social worker, certified psychiatric nurse practitioner or licensed certified professional counselor. The diagnostician must be an impartial individual who is not a family member of the student. If medication is involved, a psychiatrist is preferred.

After completing this form, please fax, mail or email it to DSS at the address above. The information you provide will not become a part of the student's educational records but will be kept in the student's file at DSS where it will be kept confidential. Please contact the DSS office if you have any questions or concerns. Thank you for your assistance.

**DISABILITY VERIFICATION FORM FOR STUDENTS WITH PSYCHOLOGICAL
DISABILITIES (EXCEPT AXIS I: AD/HD)**

STUDENT NAME: _____

TU ID#: _____

DATE OF BIRTH: _____

TODAY'S DATE: _____

TO BE COMPLETED BY THE STUDENT'S EVALUATOR:

1. Date of Diagnosis: _____

2. Date student was last seen: _____

3. DSM-IV Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

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

X	Criteria	Notes
	Interview with the student	
	Interviews with other persons	
	Behavioral observations	
	Developmental history	
	Educational history	
	Medical history	

	Neuro-psychological testing	
	Psycho-educational testing	
	Educational testing	
	Rating scales	

5. How often does the student check in with a physician or therapist?

6. Are there any coexisting conditions, including medical disabilities and learning disabilities, that should be considered when providing accommodations? Provide diagnosis, dates of prior testing, and name of evaluator who conducted assessments.

7. What medication is the student currently taking? Please complete the chart below:

Medication	Side Effects	Academic Impact	Persistence of Symptoms

8. Please check which major life activities listed below that are affected because of the psychological condition. Please indicate the level of limitation:

Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating				
Memory				
Learning				
Reading				
Writing				
Sleeping				
Eating				
Social Interactions				

Self-care				
Managing internal distractions				
Managing external distractions				
Attending class regularly and on time				
Making and keeping appointments				
Managing Deadlines				
Working in groups				
Stress Management				
Organization				
Test taking				

9. Describe current symptoms that impact the individual’s ability to perform in a college setting.

10. What is the student’s prognosis? How long do you anticipate the student’s performance in a college setting will be impacted by the disability?

11. Have there been any changes in the student’s condition in the past 12 months? YES NO
Please explain.

12. Do you anticipate any changes in the student’s condition in the next 12 months? YES NO
Please explain.

13. Please provide relevant developmental, historical and familial data that may be helpful in determining reasonable accommodations.

14. Please provide any treatment information that would be helpful in providing services and accommodations to this student.

15. Indicate your recommendations regarding academic accommodations and accompanying justifications for this student:

Accommodation	Justification

16. CERTIFYING PROFESSIONAL* (All information below must be completed in order for this form to be considered as acceptable documentation):

Printed Name/Credentials/Field:

Signature: _____ *Date:* _____

License Number: _____

Address: _____

Telephone: _____ *Fax:* _____

*Qualified diagnosing licensed mental health professionals include psychiatrists, neurologists, clinical psychologists, licensed clinical social workers, certified psychiatric nurse practitioners, and licensed certified professional counselors.