



Disability Support Services ♦ 10901 Little Patuxent Parkway ♦ Columbia, MD
21044 Tel: 443.518.1300 ♦ Fax: 443.518.4499 ♦

**DISABILITY VERIFICATION FOR STUDENTS
WITH PSYCHOLOGICAL DISORDER**

The student named below has asked to register with Disability Support Services (DSS) at Howard Community College. DSS requires documentation of the student's disability in order to establish eligibility and provide services. Documentation must include a medical or clinical diagnosis of the psychological disability based on the DSM-5 and a rationale for diagnosis.

This evaluation form must be completed by a licensed mental health professional which could include a psychiatrist, a clinical psychologist, a licensed clinical social worker, or a licensed professional counselor.

Under the Americans with Disabilities Act (ADA) of 1990 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 disability exists and the disability substantially limits one or more major life activities. A diagnosis of disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the request for accommodations and academic adjustments.**

After completing this form, please fax or email it to the DSS fax number or email address listed 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 DSS if you have concerns or questions. Thank you for your assistance.

ITEMS 1-4 TO BE COMPLETED BY STUDENT:

1. Name of Student: _____
2. Student Date of Birth: _____
3. Today's Date: _____
4. Student Signature: _____

ITEMS 5-17 TO BE COMPLETED BY CERTIFYING PROFESSIONAL:

5. Date of Diagnosis: _____
6. Date Student Was Last Seen: _____
7. DSM-5 Diagnoses & ICD Codes:

8. Are there any coexisting conditions, including medical disabilities and learning disabilities that should be considered when providing accommodations?

9. In addition to DSM-5 criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding any comments that you think would be helpful to us as we determine appropriate accommodations and services for this student.

- | | |
|--|--|
| <input type="checkbox"/> Interview with the person him/herself | <input type="checkbox"/> Neuro-psychological testing |
| <input type="checkbox"/> Interview with other persons | <input type="checkbox"/> Psycho-educational testing* |
| <input type="checkbox"/> Behavioral observations | <input type="checkbox"/> Educational testing* |
| <input type="checkbox"/> Developmental history | <input type="checkbox"/> Rating scales |
| <input type="checkbox"/> Educational history | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Medical history | |

Comments:

****Please attach copies of testing reports if available***

Note that psycho-educational or educational testing, which may not have been part of the diagnostic process, may be needed by DSS to determine appropriate accommodations of for a student with a psychological disability.

10. Please check below the major college life activities that are affected to a substantial degree because of the disability.

- | | |
|--|---|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Test-taking |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Regular class attendance |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Managing deadlines |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Focusing or concentrating | <input type="checkbox"/> Classroom group functioning |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Social interactions |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Other (please specify _____) |
| <input type="checkbox"/> Writing | |

11. Describe current symptoms that impact the individual's ability to perform in a college setting, including attendance.

12. 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?

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

14. What medications is the student currently taking? Do limitations persist, even with medication? How might side effects, if any, affect the student's academic performance? What is the student's history of compliance with medication?

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

16. Please indicate your recommendations regarding academic accommodations and accompanying justifications for this student. (e.g., note-takers, extended time for test, etc.)

Accommodations	Justification

17. CERTIFYING PROFESSIONAL*:

Printed Name/Degree/Field: _____

Signature: _____ Date: _____

License Number: _____ Telephone: _____ Fax: _____

Address: _____

Street

City

State

Zip