



Disability Verification Form Psychological/Psychiatric Disabilities

To be completed by a qualified professional

A student under your care has requested accommodations for a disability under Section 504 of the Rehabilitation Act of 1973, title III of the Americans with Disability Act (ADA) of 1990 and 2008 amendments. According to the ADA, *"The term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual"*. In order to be eligible for accommodations, the student must provide supporting documentation that demonstrates that the student has one or more functional limitations that impact their performance, and that accommodations are necessary to ensure that the student has an equal opportunity for success in the academic setting.

The following document provides guidelines regarding the documentation that is required in order to determine 1) whether a disability exists and 2) if a disability exists, the appropriate accommodations and services that are necessary. The documentation **must include the following**: (1) a diagnosis of the student's disability; (2) a description of the limitations caused by the disability; and (3) the professional's recommendations for reasonable accommodations for the disability. All documentation must be current and relevant.

Please complete the form and attach as much supporting documentation as you think would be helpful in providing information about the student's disability. The information you provide will not become part of the student's official university records. Documentation is kept in a confidential file in the Academic Services office and will only be disclosed with the student's permission. The student will have access to the information you provide.

Additional documentation must be submitted on letterhead. Handwritten documentation must be legible.

Please submit your signed and completed form and other documentation to:

Lewis University
Learning Access Coordinator, Academic Services #270
One University Parkway
Romeoville, IL 60446-2200
Phone: 815-836-5593
Fax: (815) 834-6614

1. Name of Student: _____ DOB: _____

2. Evaluator

The professional submitting the documentation must be qualified to conduct the assessment and make a diagnosis. The professional must be trained in differential diagnosis and in assessing the full range of psychiatric disorders (e.g. licensed clinical psychologist, neuropsychologist, psychiatrist or other medical specialty). The professional may not be related to the student.

Name (Printed):		Date:
Degree:		Medical Specialty:
License Number:		State of Issue:
Address:		
Phone:	Fax:	Email:
Signature:		

3. Documentation must be current. Supporting documentation cannot be more than one (1) year old.

4. Clinical Assessment

a.

Date Student First Seen:	Date Student Last Seen:
Do you see this student regularly:	If so, how often:
Date of Diagnosis:	

b. Multi-axial DSM-V diagnosis:

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

AXIS V: _____

c. Which of the following was used in your clinical assessment?

- ___ Interview
- ___ Developmental history
- ___ Relevant family history, including learning, attentional, physical and psychological issues
- ___ Relevant medical history, including medications
- ___ Psychosocial history, including interventions
- ___ Educational history, including K-12 and post-secondary
- ___ History of prior therapy
- ___ Psychoeducational reports (dates) _____
- ___ Employment history
- ___ Rating scales

d. Relevant testing. Please list any psychoeducational or neuropsychological tests performed to evaluate the student's ability to perform in academic settings. Copies of the assessments should be included as part of the documentation.

Test	Date Administered

- g. Is the student stable at this time? _____
- h. Does the student experience crisis episodes? If so, what is the appropriate manner in which they should be handled?

- i. Please list the specific academic accommodations you recommend for this student, and a rationale for the basis of the recommendation(s).

Accommodation Recommended	Rationale

- j. Will the student's disorder require absences from class? ____ Yes ____ No
 If yes, please indicate the reason. *

- Due to symptoms experienced
- As a result of side effects of medication or treatment
- For treatment of the disorder

*Please note - There may be limitations on the number of absences a student is allowed based on class requirements.