

Disability Verification for Students with Mental Health Disabilities (Including ADHD)

The student named on the following page has asked to register with Accessibility Services (OAS) at Goucher College.

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, and thinking). As part of the interactive process to determine what, if any, reasonable accommodations may be provided, OAS 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 OAS staff on a case-by-case basis and, in addition, OAS staff will meet directly with the student to determine eligibility for services.

Qualified Professional: The diagnosis must be provided by a licensed and/or certified mental health professional such as a psychiatrist, neurologist, nationally certified school psychologist, 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 close friend of the family or a family member of the student.**

After completing this form, please fax or email it to OAS at the address above. Alternatively, the student may upload a copy to their *Accommodate* account. The information you provide will be maintained in a secure and confidential file within the OAS. Please contact the OAS if you would like further information. Thank you for your assistance.

***Please note: This form must be completed in its entirety to be considered as acceptable documentation.**

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Office of Accessibility Services
Email: Access@goucher.edu
Fax: 410-337-6185
Phone: 410-337-6263

Disability Verification for Students with Mental Health Disabilities (Including ADHD)

To be completed by the student's evaluator

Student's name _____ DOB _____

Today's date _____ Date student was first seen _____

Date student was last seen _____ How often do you see this student? _____

DSM-5 Diagnosis(es) and Diagnostic code(s) _____

Diagnostic Criteria _____

Specifiers _____

Current Severity _____

Rule Outs _____

1. In addition to the DSM-5 criteria, how did you arrive at your diagnosis? Check all that apply and include relevant findings to a checked area.

Interview with student _____

Interview with significant others _____

Behavioral Observations _____

Developmental history _____

Medical history _____

Pharmacological history _____

Psychological testing _____

Comprehensive psycho-educational testing _____

Educational testing: _____

Rating scales for ADHD (check all that apply)

Conners - 3

Date assessed _____ Specify scale(s) used _____

Conners Comprehensive Behavior Rating Scale Date assessed _____

Brown Attention Deficit Disorder Scales

Date assessed _____ Specify Adolescent _____ or Adult _____

The Test of Variables of Attention (T.O.V.A.) Date assessed _____

Mood rating scales

Specify scale(s) used _____

Date assessed _____

Other - indicate any other rating scale used to arrive at your diagnosis

2. Please list any coexisting conditions, including medical disabilities and learning disabilities that should be considered when determining accommodations. Provide diagnosis, dates of prior testing and name of evaluator.

3. Identify the level of impact the student's mental health disability has on major life activities and learning.

1=Unable to Determine 2=No Impact 3=Mild Impact 4=Moderate Impact 5=Substantial Impact

1	2	3	4	5	Major Life Activities	1	2	3	4	5	Major Life Activities
					Maintaining appropriate hygiene						Memory
					Talking						Concentrating
					Hearing						Listening
					Seeing						Organizing/Prioritizing/Planning
					Breathing						Managing external distractions
					Sitting						Managing internal distractions
					Walking						Timely submission of assignments
					Standing						Attending classes and appointments as scheduled
					Eating						Managing deadlines
					Sleeping						Collaborating with classmates on group projects
					Performing manual tasks						Spelling
					Lifting/Carrying						Reading
					Interacting with others						Writing
					Managing Stress						Test taking
											Processing speed

4. Describe current symptoms that impact the student's ability to perform in a college setting.

5. What is the student's prognosis?

6. How long do you anticipate that the student's performance in a college setting will be impacted by the disability?

- 6 months 1 year 1-2 years on-going unknown

7. Have there been any changes in the student's condition in the past 12 months? If yes, please explain.

No

Yes _____

8. Have there been any significant life events that have impacted the student's ability to learn and/or complete major life activities in the past 12 months?

No

Yes _____

9. List medications the student is currently taking.

Medication	Side Effects	Academic Impact	Persistence of Symptoms

10. Is there anything else you think we should know about the student's mental health disability and their ability to function academically and socially in a college environment?

11. Indicate your recommendations and justifications regarding reasonable classroom and /or testing accommodations in the college environment.

Recommended Accommodation	Justification

***Please note:** A reasonable accommodation is a modification or adjustment to a course or program that eliminates or minimizes disability-related barriers and enables a qualified student with a disability to participate. At the college level, the purpose of an accommodation is to correct or circumvent a functional impairment rather than to ensure a student's success. In reviewing the accommodation requested by the student or recommended by an evaluator, the OAS office may find that the accommodation is not appropriate given the requirements of a course or program. OAS may propose an alternative accommodation that would be appropriate for the student, but which neither the student nor evaluator has requested.*

Printed Name/Credentials/Field: _____

Signature: _____ Date: _____

License Number: _____

Address: _____

Telephone: _____ Fax: _____

Supporting Documents

Providers are encouraged to submit any supplemental documentation that they feel would support the information and recommendations, provided above.

Different medical conditions require different assessment procedures. Documentation which supports the diagnosis and legitimizes a student's request for appropriate accommodations may include:

1. Copies of office visit summaries related to the accommodation request
2. Lab test results
3. A summary of the impact of medications taken and the rationale for current medication prescribed
4. A summary of assessment procedures, along with specific evaluation results
5. A summary of present and/or fluctuating symptoms that meets the criteria for diagnosis
6. Relevant developmental and historical data, if appropriate

Any summaries provided should be typed on official letterhead with clear contact information. Documentation for eligibility must reflect the current functional impact the disability has on the student's learning or other major life activity and the degree to which it impacts the individual in the context (dining, residential, etc.) for which accommodation are requested.

A connection must be established between the requested accommodation and the functional limitations on the student in the college environment (learning, residential, etc.).