

La Sierra University
Office of Disability Services

Verification of Disability for Students with Psychological Disabilities

A patient/client of yours has requested disability-related services from the Office of Disability Services (ODS) at La Sierra University. Legal protection and eligibility for such services is based on an individual providing sufficient information to conclude that he or she has an impairment that **substantially limits one or more major life activities**. Documentation must be provided by a qualified professional, preferably a psychiatrist, licensed clinical psychologist, neurologist, clinical social worker or marriage and family therapist. As this student's treating specialist, you are asked to provide the following information to allow the university to consider this student's service request(s). You may also want to attach additional information that supports the diagnosis.

Student Name _____

1. DSM-IV Diagnosis: AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

AXIS V: Current GAF _____ Highest GAF in past year _____

2. Date of diagnosis: _____ Last contact with student: _____

3. Will you continue to see the student? No _____ Yes _____

4. What assessment instruments were used to make the diagnosis?
Structured or unstructured interviews and pertinent history
Behavioral observations
Psychiatric consultation
Standardized or unstandardized rating scales
Interview with other persons
Other (Please specify)

5. Is this student currently taking medication? No _____ Yes _____

a. List medication(s) and date(s) prescribed:

b. Does this medication and/or side effects have an effect on academic functioning? No _____
Yes _____ If yes, please describe:

c. Do limitations/symptoms persist even with medication?

6. What is the student's prognosis? How long do you anticipate that the student's academic achievement will be impacted by his/her disability?

Temporary – **Date disability will end:** _____ (*Accommodations not necessary after this date.*)

6 months

1 year

More than 1 year

7. Indicate the major symptoms of the disorder and level of severity currently experienced by the student.

Symptom	Mild	Moderate	Severe

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

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating				
Memory				
Sleeping				
Eating				
Social Interactions				
Self-care				
Managing Internal Distractions				
Managing External Distractions				
Timely Submission of Assignments				
Attending Class Regularly & on Time				
Making and Keeping Appointments				
Stress Management				
Organization				
Test Taking				
Other:				

9. What are your specific recommendations for this student regarding academic accommodations in a college environment? Examples of accommodations include extended time on tests, testing in a distraction-reduced environment, note taker, books on tape, etc.

10. Clinician Name (print) _____
 Professional Degree _____ License _____
 Address _____
 Phone _____ Email _____
 Signature _____ Date _____

Please send this completed form to: Tammy Tucker, Director
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 Riverside, CA 92515-8247
 951-785-2412 (voice); 951-785-2450 (FAX)
 Email: jasmuss@lasierra.edu