

Psychological Disability Verification Form

Verification Form: Diagnosed Psychological Conditions

NOTE: This form is to be filled out, in its entirety, by a MENTAL HEALTH PROFESSIONAL WHO IS CURRENTLY TREATING THE STUDENT. This professional must be unrelated to the student, and any information provided by a family member will be considered supplemental. Forms with insufficient detail will prompt a request for more information. PLEASE TYPE AND SUBMIT THIS FORM ELECTRONICALLY, rather than hand-writing or printing it out. You will be emailed an electronic copy of this information upon submission.

Student Information

Student Name

First

Last

Certification Provider Information

Provider Name

First

Last

Title

License/Certification Number and Issuing State

Provider Email

Provider Address

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

Country

Phone

Professional

Date of Initial Contact with Student

 / /

MM DD YYYY

Date of Most Recent Formal Contact/Appointment with Student

 / /

MM DD YYYY

Approximate Frequency of Contact with Student since Initial Contact

Date of Completion of this Form *

 / /

MM DD YYYY

Student's DSM-5 diagnosis/diagnoses and diagnostic code(s) not required (if applicable):

Pertinent student history:

Onset of student's current diagnosed disability:

Summary of student's present symptoms:

Assessment procedures and evaluation instruments used in diagnosis:

Prognosis:

Is the student's condition currently stabilized?

Yes No

Please describe (especially if the student's condition is not stabilized):

Medication/Treatment Information

Describe the student's current medication needs and side effects and how the medication is expected to affect the student's educational performance:

How long has the student been taking this medication?

Is the student still adjusting to or stabilized on the medication(s)?

Still Adjusting Stabilized on Medication(s)

Please describe (especially if the student is still adjusting):

Information Supporting Accommodation Requests

Describe the student's functional limitations in an educational setting.

Are there crisis episodes associated with the student's condition?

What recommendations do you have, if any, to equalize the student's educational opportunities at the post-secondary level? (These may be services/accommodations related to exam administration, classroom or study activities, course requirements, or others.)

Has the student signed a release for you to share additional information with NU-Q staff?

Yes No

Certifying Authority

I understand this is a legal representation of my signature.

Date

//

MM

DD

YYYY