Office of Accessible Education
275 Eastland Road
Berea, Ohio 44017
https://www.bw.edu/accessible-education
Email: disability@bw.edu
Fax: (440) 826-3832

Psychological Disorder Verification Form

The Office of Accessible Education (OAE) provides services and accommodations for students with diagnosed disabilities. The documentation provided must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. For a student to be considered eligible to receive reasonable accommodations, the documentation must show the functional limitations that impact the individual in the post-secondary setting.

OAE requires current and comprehensive documentation to determine appropriate services and accommodations. As a guideline, Baldwin Wallace University generally requires documentation prepared within the last 12 months (1 year). The University reserves the right to request updated or more extensive documentation as appropriate. The information outlined below is necessary to evaluate eligibility for accommodations.

- The professional(s) conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so. These persons generally are trained, certified or licensed psychologists, psychiatrists, counselors, or other mental health professionals.
- All parts of the form must be completed as thoroughly as possible.
- The provider should attach any reports which provide additional, related information. A copy of a relevant evaluation report may be submitted as documentation, in lieu of this form, as long as it is comprehensive, current, and meets all of the documentation requirements as outlined in the Baldwin Wallace University General Guidelines for Documentation, available at http://www.bw.edu/accessible-education.
- The information provided on this form is NOT part of the student's permanent educational record, but will be maintained with OAE.

STUDENT INFORMATION (Please Print)

Name (Last, First, Middle): _____

Date of Birth: _____ BW ID Number: _____

Status (check one): ☐ current student ☐ transfer student ☐ prospective student

Phone: (_____) _____ - _____ BW Email: _____ @bw.edu

Address (street, city, state, zip code): _____

_____

By signing below, the student grants OAE permission to contact the provider for additional information.

I, _____ (printed name of student), hereby authorize OAE to obtain and/or release information from/to the undersigned provider in order to evaluate eligibility for academic accommodations.

Student Signature: _____ Date: _____

DIAGNOSTIC INFORMATION (Please Print)

1. Date of initial contact with the student: _____

2. Date of last contact with the student: _____

3. Frequency of appointments with student (e.g., once per week, once per month): _____

4. DSM-V Diagnosis(es): Include all pertinent diagnoses or rule-out diagnoses using DSM-5 codes. Be specific with regard to the diagnosed disorder (i.e., *specific* anxiety disorder, depressive disorder, etc.). Indicate the severity level and descriptive features of each diagnosis: _____

_____

_____

_____

5. Date of diagnosis: _____

6. How did you arrive at your diagnosis?

- ☐ Structured or unstructured interviews with the student
- ☐ Interviews with other persons
- ☐ Behavioral observations
- ☐ Developmental history
- ☐ Educational history
- ☐ Medical history
- ☐ Neuro-psychological testing Date(s) of testing: _____
- ☐ Psycho-educational testing Date(s) of testing: _____
- ☐ Standardized or non-standardized rating scales _____

7. Provide information regarding the student's current presenting symptoms: _____

_____

_____

_____

_____

8. Provide historical information relevant to the student's psychological disorder and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial): _____

_____

_____

_____

_____

9. Does the student currently take medication(s) for psychological disorder symptoms (list medication, dosage, frequency)? If yes, how might side effects impact the student's functioning? _____

_____

_____

10. Does the student currently participate in psychological therapy (e.g., psychotherapy, group therapy, cognitive-behavior therapy)? If yes, describe the nature of the therapy, how long the student has been in therapy, and how often the student participates: _____

11. Major Life Activities Assessment:
Select which of the following major life activities listed below may be affected because of the impairment. Indicate the degree to which each activity is impacted.

Life Activity	Negligible	Moderate	Substantial	Unknown
Concentrating				
Memory				
Eating				
Social Interactions				
Self-Care				
Stress Management				
Managing Internal Distractions				
Managing External Distractions				
Sleeping				
Organizing				

12. What are the student's functional limitations, attributable to the psychological disorder? How does the impairment affect the student's performance? _____

13. State specific recommendations regarding reasonable accommodations for this student, and a rationale as to why these accommodations, adjustments, or services are warranted based upon the student's functional limitations. Indicate why each accommodation is necessary: _____

PROVIDER INFORMATION

Print, sign, date and complete all fields below

☐ By selecting this box, I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name (Print): _____ Date: _____

Provider Signature: _____

Title: _____

License or Certification #: _____

Mailing Address: _____

_____

_____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

The student signed a Consent for Release of Information on page 1 of this form. We may reach out to you directly for more information or clarification to support the student's request for accommodations.

You may affix a business card in the space below:

Please complete this form in its entirety and submit it to:

Baldwin Wallace University
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