ACCESS/Academic Support Programs
Disability Verification for Students with Psychiatric Conditions

The student listed below is seeking disability-related services and accommodations at the University of Vermont. In order to establish eligibility, the student must provide current, comprehensive documentation that establishes the diagnosis(es) and describes the impact on major life activities, particularly learning.

To best understand our overall Documentation Guidelines and before completing this form, please visit:

http://www.uvm.edu/access/?Page=docguidelines/docuguidelines.html&SM=docguidelines/docsubmenu.html

Students whose conditions create a substantial or severe limitation to learning or other major life activities may request modifications or accommodations to courses, programs, or activities at UVM.

This form should be completed by an appropriate licensed professional, such as the diagnosing psychiatrist, psychologist, or clinical social worker.

Consultation on what information to provide is available. Contact: Laurel.Cameron@uvm.edu

Student completes this section:

Permission to release information to University of Vermont

Signed: ____ **Date:** __________ /__________ /___________

Name: (please print) __________________________________ **UVM Student ID:** _________________________

Permanent Address:

____

____

Campus Address (if applicable):

____

____

Phone:

____

Phone:

____

Professional completes this section:

Disability History/Diagnostics:

DSM IV Diagnosis ICD diagnosis (text and code):

____

____

____

Level of Severity (circle one): Mild Moderate Severe

Global Assessment of Functioning Scale (if available): ____

Date of diagnosis: _______/_______/_______

Describe procedures used to establish diagnosis:

____

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____

Disability History/Diagnostics [continued]:

Describe symptoms or test findings that meet criteria/support this diagnosis and approximate date of onset:

____
____
____

If this student has previously been identified as disabled, describe services provided:

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____
____

Describe the student's functional limitations in an educational setting and degree to which functioning is impaired; please include information about the impact of medication side effects, if relevant:

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____

Describe procedures you used to assess these limitations:

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____
____

Medication/Treatment:

Length and type of treatment:

____
____
____

Has the student been hospitalized, used residential treatment and/or intensive out-patient treatment for this disorder? If so, list approximate dates and length of stay:

____
____
____

Is the student currently using medication? Yes ____________________ No ___________________

If student is using medication, please provide medication history:

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____
____

Will student require local treatment/follow-up? Yes ____________________ No ___________________

If yes, have arrangements been made? Yes ____________________ No ___________________

Does the student need services and accommodations when utilizing recommended treatment? Yes ______ No ______

Date of last clinical contact with student: _______/_______/_______

Recommendations/Additional Information:

Please list specific recommendations (based upon assessment, the student's clinical and academic history, functional limitations and diagnosis) for accommodations and/or support services that you believe will equalize the student's ability to access the University of Vermont's educational program.

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____

Please provide any additional relevant information [such as diagnostic reports, etc.] you feel will be useful in determining the nature and severity of this student's disability, and any additional recommendations that may assist ACCESS in determining reasonable and appropriate accommodations and interventions.

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____

Signature: ____ **Date:** ________ /________ /_________

Name, Title (please print): ____

Area of Specialty: ____

State of License: ____________________________ **License Number:** ____________________________

Phone: ____ **Fax:** __________________________________

Address:

____

Please return this form to:

ACCESS, Disability Services
A170 Living/Learning Center
University of Vermont
Burlington, Vermont 05405-0396
Phone: (802)656-7753 **FAX: (802)656-0739**
Email: access@uvm.edu