



DISABILITY VERIFICATION
Psychological Disabilities

Please read the following prior to completing this form:

Student Accessibility Services at Kent State University provides support services to students with diagnosed disabilities, including psychological and psychiatric disabilities. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires **current and comprehensive documentation of the disorder from their diagnosing/current psychiatrist, psychologist or licensed counselor**. This should include information that describes the symptoms of the disorder, medication prescribed, and recommendations for treatment.

Please provide the following information about (student): _____

1. DSM-IV Diagnosis & Code:

Axis I _____
Axis II _____
Axis III _____
Axis IV _____
Axis V (GAF Score) _____

Date of Diagnosis: _____ Last contact with student: _____

Is the student/patient currently under your care? ____ YES ____ NO

2. Describe the **symptoms associated with this disorder**: _____

4. Describe how this condition **substantially limits a major life activity** and **how it may impact the student's progress** in an academic setting: _____

5. List **current medication, dosage, frequency and possible adverse side effects** as related to academic performance: _____

6. List **other treatment(s)** the student is receiving to manage his/her disability: _____

7. List any **recommendations for accommodations** you have for this student in an academic setting:

8. Please describe any specific concerns you may have, or other ways that we may be of further assistance to this student/patient: _____

Healthcare Provider Information

Printed Name and Title: _____

Provider Signature: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

The information you provide in this document is maintained in the office of Student Accessibility Services at Kent State University according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please mail or fax this completed form to:

Student Accessibility Services Kent State University, Ashtabula_
cjone154@kent.edu phone(440)964-4232 fax (440) 964-4573