Verification of Disability Form: Psychological Impairment

Student Access at Davenport University strives to ensure that qualified students with psychological impairments are accommodated to best assure the successful completion of academic requirements and to obtain the benefits of participation in the academic community. Students with disabilities must still satisfy essential academic program requirements, with or without accommodation.

Davenport University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equal access to the University programs and services. Federal law defines a disability as “a physical or mental impairment that substantially limits one or more major life activities.” Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. A psychological impairment in and of itself does not necessarily constitute an impairment. The degree of impairment must be significant enough to “substantially limit” one or more major life activity.

Students who wish to receive academic adjustments due to a psychological impairment need to have this form filled out by a licensed professional qualified to make such a diagnosis. The professional completing this form must have firsthand knowledge of the student’s condition.

Release of Information

I, ____________________________, authorize the exchange and release of information regarding academic adjustments; auxiliary aids and/or accommodations related to my disability with relevant Davenport University academic and operations personnel. I understand that my disability related records including test scores, evaluations and diagnoses will be kept confidential and will be shared only on a need-to-know basis within the institution. I understand this consent will remain in effect as long as I am a current student at Davenport University or until revoked by me by giving written notice to the Student Access Coordinator at my location.

_________________________  _________________________
Student’s Signature      Date

Student Information (This section to be completed by the student)

Last Name______________________________  First _________________________  MI _____
Student ID# ___________________________  Date of Birth _______________________
Permanent Address ____________________  Phone __________________________
City______________________________  State ___  Zip Code _________________
Certifying Professional

Name ____________________________________________________________

Credentials ______________________________________________________

Address __________________________________________________________

City __________________________ State _______ Zip Code _________________

Phone _________________________ Fax _________________________________

License/Certification number and state of licensor ____________________________

Date of initial contact with student ______________________________________

Date of last contact with student ________________________________________

Multi-axial DSM IV diagnosis

Axis I _______________________________________________________________

Axis II _____________________________________________________________

Axis V _____________________________________________________________

Date of Diagnosis ___________________________________________________

Basis on which diagnosis was made ______________________________________

__________________________________________________________________

If psychological tests were used please include all scores used to support the diagnosis ______________

__________________________________________________________________

__________________________________________________________________

Current medications including dosage and side effects __________________________

__________________________________________________________________

__________________________________________________________________

Long term medication plan _____________________________________________

__________________________________________________________________

__________________________________________________________________

Student’s current compliance with medication plan __________________________

__________________________________________________________________
Prognosis for medication plan (Include likelihood of improvement or further deterioration and within what approximate time frame.) ____________________________________________________________

__________________________________________________________

Planned therapeutic interventions ____________________________________________________________

__________________________________________________________

Prognosis for therapeutic interventions (Include likelihood for improvement or further deterioration and within what approximate time frame.) ____________________________________________________________

__________________________________________________________

__________________________________________________________

Student’s current compliance with therapeutic interventions ____________________________________________________________

__________________________________________________________

Does this person currently pose a threat to him/herself or others? ______ If so please specify in what ways.

__________________________________________________________

__________________________________________________________

History of hospitalization ____________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Implications for Educational Success
Learning abilities specific to the post-secondary environment that are impaired by the psychological disability (e.g. difficulty with concentration, slow processing speed, etc.)

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
Implications for taking exams and other classroom activities caused by disability or treatment. Please specify which.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What, if any, accommodations would you recommend? Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed. (Please circle and write an explanation.) The final determination of any effective accommodation is left to the University.

Extension of time to complete exams (Yes / No)

Why? __________________________________________________________________________________

________________________________________________________________________________________

Quiet room to take exams (Yes / No)

Why? __________________________________________________________________________________

________________________________________________________________________________________

Other (please specify)

Why? __________________________________________________________________________________

________________________________________________________________________________________

I certify that the above information is accurate and complete.

________________________________________________________________________________________

Signature of Licensed Professional ____________________________ Date ________________

This form should be returned to the Student Access Coordinator at the location the student attends or

Davenport University
Center for Campus Life
Attn: Executive Director of Campus Life
6191 Kraft Avenue SE
Grand Rapids, MI 49512
Phone: (616) 554-5687
Fax: (616) 871-6730
Email: studentaffairs@davenport.edu