

## VERIFICATION OF PSYCHOLOGICAL DISABILITY

The Disability Support Service (DSS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis 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 activities. In addition, in order for a student to be considered eligible to receive academic accommodations, the documentation must show functional limitations that impact the individual in the academic setting.

DSS requires current and comprehensive documentation in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

**A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These persons are generally trained, certified or licensed psychologists, LCSW-C, Psychiatrists, or members of another appropriate specialty area.

**B. All parts of the form must be completed as thoroughly as possible.** Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification.

**C. The healthcare provider should attach any reports which provide additional related information** (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Otherwise, this form must be completed in order for students to receive services through the Disability Support Service (DSS) at Montgomery College. *Please do not provide case notes or rating scales without a narrative that explains the results.*

**D. The Healthcare Provider after completing this form must sign it, complete the Healthcare Provider Information section on the last page and mail or fax it to the address provided in our letterhead.** The information you provide will not become part of the student's educational records, but it will be kept in the student's file at DSS, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

If you have questions regarding this form, please contact DSS. Thank you for your assistance.

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- \* An assessment for a psychological disability must be current (within the last year).
- \* This form is not acceptable documentation for Attention Deficit Disorders (ADD/ADHD) or Learning Disabilities (LD).

PSY

<b>STUDENT'S INFORMATION</b> (Please Print Legibly)	
Student's Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Student's Date of Birth:    /    /	Student's Phone Number:

<b>DIAGNOSTIC INFORMATION</b> (Please Print Legibly)		
Date of Initial Diagnosis:	Date of First Contact with Student:	Date of Last Contact with Student:
DSM-V Diagnosis(es):		

1. In addition to DSM-V criteria, how did you arrive at your diagnosis? Please check all relevant items below, **adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.**

Structured or Unstructured Interviews with the Student:

Interviews with Other Persons:

Behavioral Observations:

Developmental History:

Educational History:

Medical History:

Student's Name \_\_\_\_\_

**Testing: (Check all that apply)**

- Neuro-psychological Testing (Attach copy of report)
  - Educational Testing (Attach copy of report)
  - Psychological Testing (Attach copy of report)
  - Other (Please Specify): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. Please check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Internal Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing External Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Submission of Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending Class Regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Pay Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting Thoughts Into Words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What other specific symptoms manifesting themselves at this time might affect the student's academic performance?

4. What medications is the student currently taking? How effective is the medication? How might side effects, if any, affect the student's academic performance?

5. Is the student currently in counseling /therapy?

**Student's Name**

6. Please indicate recommended **academic accommodations** based on impact of disability (e.g. note takers, extended time for tests, large print, etc.)

7. Is there anything else you think we should know about the student's psychological disability?

**CERTIFYING PROFESSIONAL\***

**(Please sign & date below and completely fill in all other fields using PRINT or TYPE.)**

Printed Name/Degree/Field:		Date:
Signature:	License or Certification#:	
Address:		
Phone Number:	Fax Number:	

**\* Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, clinical social workers, marriage and family therapists, and in some instances general practice physicians. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.**

**Please send this information to DSS using one of the below options.**

**Email:**  
dss@montgomerycollege.edu

**Fax:**  
240-567-5097

**US Mail:**  
Montgomery College  
Disability Support Services  
51 Mannakee Street, SV 305  
Rockville, MD 20850