



**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, within 1 year, 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.

**NOTE: Student Accessibility Services (SAS) reserves the right to make appropriate modifications to the above time frame required for current documentation when necessary.*

For additional information about SAS please visit: www.kent.edu/sas

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 • Ground Floor, DeWeese Center • Kent, OH 44242
Phone: (330) 672-3391 **Fax:** (330) 672-3763 **Email:** sas@kent.edu