



Disability Verification for Students with Psychological Disorders

The student named below has asked to register with Student Accessibility Services (SAS) at the University of Bridgeport. SAS requires documentation of the student’s disability in order to establish eligibility and provide services. Documentation must include a medical or clinical diagnosis of the psychological disability based on the DSM-5 and a rationale for the diagnosis.

This evaluation form must be completed by a licensed mental health professional which may include a psychiatrist, a clinical psychologist, a licensed clinical social worker, or a licensed professional counselor.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. **To establish that an individual is covered under the law, documentation must indicate that a disability exists and the disability substantially limits one or more major life activities. A diagnosis of disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the request for accommodations and academic adjustments.**

After completing this form, please fax or email it to the SAS fax number or email address listed above. The information you provide will not become a part of the student’s educational records but will be kept in the student’s file at SAS where it will be kept confidential. Please contact SAS if you have concerns or questions. Thank you for your assistance.

ITEMS 1- 13 TO BE COMPLETED BY STUDENT:

1. First/Given Name: _____ Last/Family Name: _____
2. Student ID Number: _____ Anticipated Graduation Date: _____
3. Date of Birth: _____
4. Gender: _____
5. Home Address: _____
6. Preferred Contact Number: _____
7. UB Email Address: _____
8. Classification: Undergraduate Graduate _____ Domestic Student or _____ International Student
9. Special Program: IDEAL ELI
10. Veteran: YES/NO
11. Major: _____
12. Student Status: Full-time Part-time
13. Academic Advisor: _____



Office of Student Accessibility Services ♦ Carstensen Hall ♦ Room #103
174 University Avenue ♦ Bridgeport, CT 06604
Phone: (203) 576-4454 ♦ Fax (203) 576-4455 ♦ accessibilityservices@bridgeport.edu

ITEMS 14-24 TO BE COMPLETED BY CERTIFYING PROFESSIONAL:

14. Date of Diagnosis: _____

15. Date Student was Last Seen: _____

16. DSM-5 Diagnoses & ICD Codes: _____

17. Are there any coexisting conditions, including medical disabilities and learning disabilities that should be considered when providing accommodations? In addition to DSM-5 criteria, how did you arrive at your diagnosis?

18. Please check all relevant items below, adding any comments that you think would be helpful to us as we determine appropriate accommodations and services for this student.

- | | |
|--|--|
| <input type="checkbox"/> Interview with person him/herself | <input type="checkbox"/> Neuro-psychological Testing |
| <input type="checkbox"/> Interview with other persons | <input type="checkbox"/> Psycho-educational Testing* |
| <input type="checkbox"/> Behavioral Observations | <input type="checkbox"/> Educational Testing |
| <input type="checkbox"/> Developmental History | <input type="checkbox"/> Rating Scales |
| <input type="checkbox"/> Educational History | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Medical History | |

Comments:



****Please attach copies of testing reports if available.***

Note that psycho-educational or educational testing which may not have been part of the diagnosis process, may be needed by SAS to determine appropriate accommodations for a student with a psychological disability.

19. Please check below the major college life activities that are affected to a substantial degree because of the disability.

- | | |
|---|---|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Regular Class Attendance |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Managing Deadlines |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Focus or Concentrating | <input type="checkbox"/> Classroom Group Functioning |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Social Interactions |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Writing | |

Comments:

20. Describe current symptoms that impact the individual's ability to perform in a college setting, including attendance.

21. What is the student's prognosis? How long do you anticipate the student's performance in a college setting will be impacted by the disability?



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22. Please provide relevant developmental, historical and familial data that may be helpful in determining reasonable accommodations.

23. Please indicate your recommendations regarding academic accommodations and accompanying justifications for this student. (e.g., note-takers, extended time for test, etc.)

Accommodations	Justification

24. CERTIFYING PROFESSIONAL*:

Printed Name, Degree, Field: _____

Signature: _____

License Number: _____ Telephone: _____ Fax: _____

Address _____

Street

City

State

Zip