



PSYCHOLOGICAL DISABILITY VERIFICATION FORM

To be completed by psychiatrist/psychologist/diagnosing physician/clinical social worker

The American with Disabilities Act (ADA) speaks to the accessibility and availability of higher education for all qualified persons. At Northern Vermont University, the Coordinator of Disability Services has the responsibility to implement the provision of the ADA for persons with psychological disabilities. A psychological disability is defined by the ADA as "...a...mental impairment which substantially limits one or more major life activities..." as indicated by the DSM 5 or WHODAS. These are serious, ongoing conditions rather than temporary or situational difficulties.

Eligibility requirements for support services for students with psychological disabilities:

1. Student provides verification for diagnosis and severity,
2. Student is assessed as having a functional limitation in the educational setting. (Psychological disability prevents student from equal access to classes, activities, or services offered by NVU to non-disabled students unless specific support services or accommodations are provided.)

Please provide the following information about

Student name

Date of birth

1. DSM diagnosis

2. Level of severity: MILD MODERATE SEVERE

3. Date of diagnosis: _____ Length & type of treatment: _____

4. Describe the symptoms which meet the criteria for this diagnosis with approximate date of onset:

5. Describe the student's functional limitation in an educational setting.

Northern Vermont University Coordinators of Disability Services	
Johnson Campus	Lyndon Campus
Michele Feiner	Mary Etter
Michele.Feiner@NorthernVermont.edu	Mary.Etter@NorthernVermont.edu
802.635.1264	802.626.6210

6. What recommendations, if any, do you have regarding effective accommodations for student?

7. What medication, if any, has been prescribed for student's psychological disability?

8. Please provide any diagnostic report, as well as any other pertinent information relevant to this student's social and academic adjustment at Northern Vermont University.

X _____
Signature of diagnostic practitioner (psychologist, psychiatrist, diagnosing physician, clinical social worker)

Type of license: _____

State of license & number: _____

Printed name and title:

Telephone:

Mailing address:

Please return this form and supporting materials to the Coordinator of Disability Services.

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