THE UNIVERSITY OF VERMONT
STUDENT ACCESSIBILITY SERVICES
DIVISION OF STUDENT AFFAIRS

Verification Form for Psychological Disabilities

The University of Vermont (UVM) supports students seeking accommodation for disabilities, including disabilities resulting from psychological or mental health conditions.

Student Accessibility Services at UVM, strives to insure that qualified students with disabling psychological conditions are accommodated in a manner that supports therapeutic treatment. Student Accessibility Services does not modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life functions. Students whose conditions create a substantial or severe limitation to learning or to other major life activities may request modifications or accommodations to courses and activities at UVM.

Students who wish to receive academic adjustments due to a psychological disorder should have this form completed by a qualified health care provider, which may be the diagnosing psychiatrist, licensed psychologist, or certified (clinical) social worker (CSW or ACSW). *The individual completing this form must have first-hand knowledge of the student's condition and will be an impartial professional who is not related to the student.*

Once this completed form is received, the student will have a meeting with a Student Accessibility Services staff member who will assist in making determination of reasonable and appropriate academic accommodations.

If you have any questions regarding the nature of the information needed for students with Psychological Disabilities, please contact Student Accessibility Services. This form should be returned to Student Accessibility Services via mail, email or fax.

Student Accessibility Services
Center for Academic Success
633 Main Street
A170 Living/Learning Building
Burlington, VT 05405-0365
Phone: (802) 656-7753
Fax: (802) 656-0739
Email: access@uvm.edu
Office Hours: Monday through Friday from 8:00 A.M. to 4:30 P.M

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

Permission to release information to the University of Vermont

Name: (please print) _____ Date: _____

Signed: _____ UVM Student #: 95_____

Phone/Email: _____

*******TO BE COMPLETED BY A CERTIFIED PROFESSIONAL*******

Certifying Professional (please print):

Name: _____ Credentials:_____

Address: City: _____ State:_____ Zip Code: _____

License/Certification number and state of licensure: _____

Date of initial contact with student: _____ Date of last contact with student: _____

DSM V diagnosis: _____ Date of Diagnosis: _____

Basis on which diagnosis was made: _____
_____
_____
_____

Level of Severity (circle one) Mild Moderate Severe

Duration of impairment is: □ Permanent □Temporary □ Chronic □ Episodic □ Temporary

Note Duration: _____ or Re-evaluation date: _____

Prognosis for condition (Include likelihood for improvement or further deterioration and within what approximate time frame.): _____

_____

_____

History of treatment(please include in-patient hospitalizations and out-patient visits, dates and length of stay):_____

_____

1. Implications for Educational Success:

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

Life Activity	**No Impact**	**Minimal Impact**	**Moderate Impact**	**Severe Impact**	**Don't Know**
Memory	☐	☐	☐	☐	☐
Concentration	☐	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐	☐
Eating	☐	☐	☐	☐	☐
Social Interactions	☐	☐	☐	☐	☐
Timely submission of assignments	☐	☐	☐	☐	☐
Understanding directions	☐	☐	☐	☐	☐
Managing external distractions	☐	☐	☐	☐	☐
Managing internal distractions	☐	☐	☐	☐	☐
Making & keeping appointments	☐	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐	☐
Organization	☐	☐	☐	☐	☐
Other (Please describe):					

2. **What are limitations that this student will encounter in taking exams and participating in other classroom activities, which are caused by his/her psychological disorder or the medications that he/she is taking. Please be specific as to exact nature of the limitations and how severe they are:**

   _____

   _____

   _____

3. **Recommended accommodations (Final determination of reasonable and appropriate accommodations will be determined by Student Accessibility Services). Each recommended accommodation should include an explanation of its relevance to the disability.**

Recommendations	Relevance

_____ _____

Signature of Certifying Professional Date

_____

Street Address

_____

Address (City, State, Zip)

_____

Email Address

This document may not be released without written permission from the student or by order of a court. It will be destroyed seven years after the student is no longer enrolled at the University.