Dutchess Community College
Office of Disability Services

Disability Verification for Students with
Psychological Disorders or Attention Deficit Disorders

I hereby authorize _____________________________________________

to release to____ discuss with _______ The Dutchess Community College, Office of Disability Services

the information specified below.

Signature______________________________________ Date______________________

To ensure the provision of reasonable and appropriate services for students with psychological or attention disorders at Dutchess Community College, a licensed professional (e.g. psychiatrist, psychologist, certified social worker or physician) ust provide current and comprehensive documentation of the student’s disability.

Please complete the following form for __________________________ who has requested disability-related services and accommodations from our Office. (Please print clearly)

1. DSM-IV Diagnosis:________________________________________

2. Date of Diagnosis:________________________________________

3. Date of your last contact with the student:_______________________

4. What instruments/procedures were used to diagnose the psychological or attention disorder?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

5. Please describe the presenting symptoms of this disorder/diagnosis.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

(please see other side)
6. Is this student currently taking medication for this disorder? _____yes _____No

If yes, what is the medication?
______________________________________________________________

Please describe any possible side effects of the medication.
______________________________________________________________
______________________________________________________________
______________________________________________________________

7. Please describe the impact of this disorder/disability on the student’s academic performance so that we can determine the specific accommodations which may be necessary.
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

8. What academic accommodations (e.g. note taking assistance, testing modifications, adjusted course load, etc.) would you suggest to enhance this student’s chance for success.
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

9. Please attach any additional information that you believe to be relevant to meeting this student’s disability-related academic needs.

Signature _______________________________________________

Print Name and Title: __________________________________________

License#____________________________________________________

Agency Name:________________________________________________

Address:_____________________________________________________

City:_________________ State_______ Zip_____________

Phone:_________________________ Date________________

Return form to:  Dutchess Community College, Office of Disability Service
53 Pendell Road
Poughkeepsie, New York  12601

4/1/09, dah