

**Disability Verification**  
**for Students with Psychological, Neurological**  
**Medical, Sensory, and Health-Related Disabilities**

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **A#:** \_\_\_\_\_

I hereby authorize **(Name of Licensed Professional)** \_\_\_\_\_ to release to and/or discuss the information specified below with the counselors in the Accommodative Services Department of Dutchess Community College.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To ensure the provision of reasonable and appropriate services for students with medical/health, mental health, neurological related disabilities at Dutchess Community College, a licensed professional (e.g., physician, psychiatrist, psychologist, or certified social worker) must provide *current and comprehensive documentation of the student's disability and its potential impact in an academic environment by completing this form or summarizing in narrative format if this is preferable.*

Diagnosis of condition/disability: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Date of last contact with the student: \_\_\_\_\_

What instruments/procedures were used to diagnose the condition/disability?

\_\_\_\_\_  
\_\_\_\_\_

Please describe (in detail) the presenting symptoms of this condition/disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dutchess Community College  
Office of Accommodative Services

Please describe any possible side effects of the medication if student is prescribed medication to mediate symptoms (Optional).

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Please describe the impact of this condition/disability on the student's academic performance (reading, writing, concentration, memory etc.) so that we can determine the specific accommodations necessary.

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What academic accommodations (e.g. testing modifications, classroom accommodations, course scheduling, etc.) would you suggest to enable equal access and thus enhance chances of success?

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Please attach any additional information that you believe to be relevant to understanding and addressing this student's disability-related academic needs.

**Signature:** \_\_\_\_\_  
**Print Name and Title:** \_\_\_\_\_  
**License #:** \_\_\_\_\_  
**Agency Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to:  
Dutchess Community College, Office of Accommodative Services  
53 Pendell Road,  
Poughkeepsie, NY 12601  
Phone: (845)-431-8055 Fax: (888) 965-6996