Verification Form

Psychological Disorders



Bucks County Community College's Accessibility Office (TAO) has established the Verification Form for Psychological Disorders to obtain current information from a licensed medical practitioner regarding a student's psychological disorder, associated symptoms, related medications, and their impact on the student and his or her need for accommodations. This Verification Form may supplement information that is provided in other reports, including medical reports or secondary school documentation. Any documentation, including this Verification Form, must meet Bucks County Community College's TAO guidelines for Psychological Disorders.

The person completing this form may not be a relative of the student or hold power of attorney over the student.

A summary of the guideline criteria for documenting psychological disorders is as follows:

- 1. Evidence of current psychological impairment
- 2. Functional impairment affecting an important life skill, including academic functioning
- **3.** Exclusion of alternative diagnoses
- 4. History relevant to current psychological impairment
- 5. Summary and recommendations

	and recommenda				
Sec	tion I: Student I	nformation (Plea	se type information or print legibly	y)	
Student Name:					
		Last	First	Mid	ddle
Student ID: Cell Phone:			Date of Birth:		
			Home Phone:		
Buc	ks Email:		Home Email:		
Per	manent Street				
Add	lress:				
City	<i>r</i> :		State:	Zip:	
Loc	ferent from Permanent Str al Street Iress:	eet Address)			
City	<i>-</i>		State:	Zip:	
Sec	tion II: Provider	Section (Please ty	pe information or print legibly)		
Α. (Contact with the Student Date of initial contact w				
	Date of last contact wit	h the student:			
	Diagnosis Information: L. Clinical History Does the student have	ve a clinical history (i.e	e., prior to age 12) of a psycholo	gical disorder? YE	s NO
	Approximately at wh	at age did the studen	t start to exhibit symptoms?		
	What date was the st	tudent diagnosed?			
		-		Month	Year
	Frequency of appoint	tments with the stude	ent:		

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2. Diagnosis, Condition and Symptoms

a. Ple	ease provide all IC	D 10/DSM \	/ Codes and dia	gnoses that apply	to the student:
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IC	D 10	/DSM V Code	Diagnosis		
b.	Но	w long has the s	tudent had this diagnosis?		
c.	\ \ /\	nat is the severit	ty of the impairment?		Mild Moderate Severe
•					
	1)	Please explain	the severity checked above:		3
d.			ed duration of the impairment?		
		ort-term (<6 mo	onths):		Long-term (>6 months-1 year):
	Εþ				Chronic (>1 year with frequent recurrence):
	1)	Please explain	the duration checked above:		
e.	Cur	rent Symptoms			
	1)	Please provide	information regarding the studer	nt's	current presenting symptoms.
f.	ls t	he psychologica	al disorder expected to remain sta	able	e or is it expected to Stable Decline
	de	cline?			
	1)	Is the condition	on expected to decline? Pleas	se	describe the expected progression of the specific
		psychological in	mpairment.		
g.	Do	es the student	have a clinical history of hospitali	zat	ions related to the diagnosed YES NO
-		ychological disc			2 📙 🗀
	Νι	umber of times :	student was hospitalized:		

	1)	Please provide in	formation regarding the student's history of hospitalization(s).		
h.		es the student haers, family memb	ve a clinical history of verbal or physical aggression toward ers or adults?	YES	NO NO
	1)	Please provide in	formation regarding the student's history of verbal or physical	aggression.	
i.		es the student ha empted to take t	ve a clinical history of suicidal ideation or has the student heir own life?	YES	NO
	1)	Number of times suicidal ideation	s student threatened suicide or has reported		
	2)	Number of times	s student attempted suicide:		
	3)	Please provide in	formation regarding the student's history of suicidal ideation o	r suicide atte	mpt(s).
j.	Is th	pere clear evidenc	te that the symptoms associated with the psychological impairs	ment are inte	rfering with
, .			ty of at least one of the following, including academic functioni		ricinig with
S	chool	functioning:			
S	ocial	functioning:			
٧	Vork f	unctioning:			
Li	angua	age functioning:			
k.			ve a clinical history of alcohol abuse? formation regarding the student's history of alcohol abuse.	YES	NO
	,	•	, , , , , , , , , , , , , , , , , , , ,		

	Ve	erification Form: Psycholog	gical Disorders
I. Does the student have a clinical	history of drug abuse?	YES	NO
1) Please provide information re	garding the student's history of drug	abuse.	
3. Military Service			
a. Has the student served in the milit	ary?	YES	NO
1) What branch of the military d	id the student serve with?		
United States Air Force	United States Coast Guard	United States Nav	у
United States Army	United States Marine Corp.		
b. Is the diagnosis related to their ser	vice in the military?	YES	NO
1) Please provide information re	garding the student's history of psycho	ological needs related to	their militar
service.	garding the student's mistory or payent	ological ficeas related to	then mineary
 c. Is the receiving treatment through 1) At what location of the VA do i. World Health Organization Disability a. Does the student have a WHODAS b. If yes, please provide the score here Student's History: 	es the student receive services? Assessment Schedule 2.0 2 Score?	yes Affairs? YES	NO NO
. Please include any historical informa		•	nd associated
functioning (e.g., developmental, fam	ilial, medical, pharmacological, psycho	ological, psychosocial).	
Family History:			
1. Does the student have a family histo	ry of any psychological disorders?	YES	NO
2. If yes, please check all that apply:	1 1		
Mother Grandparents (Maternal)	Father Grandparents (Paternal)	Siblings Aunts (Maternal)	
Uncles (Maternal)	Aunts (Paternal)	Uncles (Paternal)	
Cousins (Maternal)	Cousins (Paternal)	Oncies (i aternal)	
•	<u> </u>	1 1	
a. If yes, please list the family history	y or any psychological disorders.		

C.

D.

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Medication(s):						
1. Is the student currently taking medication(s) for any symptoms related to the diagnosis?						
2. Does the student have a history of noncompliance with medication? YES NO						
a. If yes, please list the behaviors or incidents of noncompliance with medication in the student's history.						
3. If yes, please provide information below for each medication the student is currently prescribed:						
Medication ● Dosage ● Frequency (e.g., Zoloft 25 mg 1 x daily):						
Date Prescribed:						
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):						
Medication • Dosage • Frequency						
Date Prescribed:						
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):						
Medication Dosage Frequency						
Date Prescribed:						
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):						
Medication ● Dosage ● Frequency						
Date Prescribed:						
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):						
Medication • Dosage • Frequency						
Date Prescribed:						
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):						
Medication • Dosage • Frequency						
Medication • Dosage • Frequency						
Data Dysawihad						
Date Prescribed: Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):						
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E.

F. Functional Limitations and Recommended Accommodations:

1. Please list the student's current psychological impairment symptoms and then indicate what reasonable academic accommodations would mitigate the symptom listed.

The student may have a seizure and experience prolonged fatigue afterward causing difficulty taking a

2.	Sam	nl	۵.
Z.	Salli	IJΙ	e.

Symptom: (Example)

scheduled exam.

Recommended Reasonable Accommodation(s):
Opportunity to reschedule exams/quizzes
Symptom:
Recommended Reasonable Accommodation(s):
Symptom:
Recommended Reasonable Accommodation(s):
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Recommended Reasonable Accommodation(s):
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Recommended Readonable Accommodation(s).
Symptom:
Recommended Reasonable Accommodation(s):

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Section III: Provider's Certifying Professional Information

(Please type information or print legibly)

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., licensed physician or licensed medical practitioner). The provider signing this form must be the same person answering the above questions.

Provider Name:				
	Last	First		Middle
Credentials:				
License Number:		State of Licenser:		
Office Phone:		Office Fax:		
Office Email:		Office Website:		
Office Street				
Address:				
City:		State:	Zip:	
Provider Signature:			Date:	

Section IV: Submitting This Form

It is the responsibility of the student to submit the form to the Accessibility Office (TAO) at Bucks County Community College where the student is enrolled. The student will submit the form to the Learning Specialist during their intake appointment when they register with TAO. Students will also be required to meet with a Learning Specialist if they would like to update their accommodations using the verification form or any other form of documentation.

Section V: How to Make an Intake Appointment

Students are encouraged to call or email the Accessibility Office (TAO) to schedule an appointment. Intake appointments are only done in person. There are certain times of year that appointment waiting times can be up to six weeks. The student identification number and Bucks email is required for students to obtain an intake appointment. Students are encouraged to contact TAO as soon as possible to ensure that their accommodations are approved and put into place as soon as possible. TAO's contact information is as follows:

Phone: (215) 968-8182

Email: accessibility@bucks.edu

Office: Bucks County Community College

275 Swamp Road

Rollins Center • Student Services Office • Room 001

Newtown, Pennsylvania 18940

Appointments can be scheduled for the Upper Bucks (Perkasie) and Lower Bucks (Bristol) campuses. TAO Learning Specialists are on each of the satellite campuses one day per week. The student should inform the TAO team member if they have a campus preference.

Information regarding the Accessibility Office (TAO), accommodations and assistive technology (AT) at Bucks County Community College can be found at https://www.bucks.edu/resources/campusresources/accessibility/. Please visit our website for the latest information and updates as they are made available. If you have any questions, please feel free to call us (215) 968-8182.