

2. Diagnosis, Condition and Symptoms

a. Please provide all ICD 10/DSM V Codes and diagnoses that apply to the student:

ICD 10/DSM V Code	Diagnosis

b. How long has the student had this diagnosis? _____

c. What is the severity of the impairment? Mild Moderate Severe

1) Please explain the severity checked above:

d. What is the expected duration of the impairment?

Short-term (<6 months):		Long-term (>6 months-1 year):	
Episodic:		Chronic (>1 year with frequent recurrence):	

1) Please explain the duration checked above:

e. Current Symptoms

1) Please provide information regarding the student's current presenting symptoms.

f. Is the psychological disorder expected to remain stable or is it expected to decline? Stable Decline

1) Is the condition expected to decline? Please describe the expected progression of the specific psychological impairment.

g. Does the student have a clinical history of hospitalizations related to the diagnosed psychological disorder? YES NO

Number of times student was hospitalized: _____

1) Please provide information regarding the student's history of hospitalization(s).

h. Does the student have a clinical history of verbal or physical aggression toward peers, family members or adults? YES NO

1) Please provide information regarding the student's history of verbal or physical aggression.

i. Does the student have a clinical history of suicidal ideation or has the student attempted to take their own life? YES NO

1) Number of times student threatened suicide or has reported suicidal ideation: _____

2) Number of times student attempted suicide: _____

3) Please provide information regarding the student's history of suicidal ideation or suicide attempt(s).

j. Is there clear evidence that the symptoms associated with the psychological impairment are interfering with or reducing the quality of at least one of the following, including academic functioning?

School functioning:	
Social functioning:	
Work functioning:	
Language functioning:	

k. Does the student have a clinical history of alcohol abuse? YES NO

1) Please provide information regarding the student's history of alcohol abuse.

I. Does the student have a clinical history of drug abuse? YES NO

1) Please provide information regarding the student's history of drug abuse.

3. Military Service

a. Has the student served in the military? YES NO

1) What branch of the military did the student serve with?

<input type="checkbox"/>	United States Air Force	<input type="checkbox"/>	United States Coast Guard	<input type="checkbox"/>	United States Navy
<input type="checkbox"/>	United States Army	<input type="checkbox"/>	United States Marine Corp.	<input type="checkbox"/>	

b. Is the diagnosis related to their service in the military? YES NO

1) Please provide information regarding the student's history of psychological needs related to their military service.

c. Is the receiving treatment through United States Department of Veterans Affairs? YES NO

1) At what location of the VA does the student receive services? _____

4. World Health Organization Disability Assessment Schedule 2.0

a. Does the student have a WHODAS 2 Score? YES NO

b. If yes, please provide the score here: _____

C. Student's History:

1. Please include any historical information relevant to the student's psychological impairment and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial).

D. Family History:

1. Does the student have a family history of any psychological disorders? YES NO

2. If yes, please check all that apply:

<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Siblings
<input type="checkbox"/>	Grandparents (Maternal)	<input type="checkbox"/>	Grandparents (Paternal)	<input type="checkbox"/>	Aunts (Maternal)
<input type="checkbox"/>	Uncles (Maternal)	<input type="checkbox"/>	Aunts (Paternal)	<input type="checkbox"/>	Uncles (Paternal)
<input type="checkbox"/>	Cousins (Maternal)	<input type="checkbox"/>	Cousins (Paternal)	<input type="checkbox"/>	

a. If yes, please list the family history of any psychological disorders.

E. Medication(s):

1. Is the student currently taking medication(s) for any symptoms related to the diagnosis? YES NO
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.

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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.):	

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.

2. **Sample:**

Symptom: (Example)
The student may have a seizure and experience prolonged fatigue afterward causing difficulty taking a scheduled exam.
Recommended Reasonable Accommodation(s):
Opportunity to reschedule exams/quizzes

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

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.