

Verification Form

Psychological Disorder

Bucks County Community College’s Accessibility Office (TAO) has established the Verification Form for Psychological Disorders to obtain current information from a qualified practitioner (e.g., licensed physician, psychiatrist, clinical psychologist) regarding a student’s mental health 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 can be found at the following web site: <http://www.bucks.edu/student/accessibility/student-info/>. A summary of the guideline criteria for documenting Psychological Disorders is as follows:

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

Section I: Student Information (Please type information or print legibly)

Student Name: _____
Last First Middle

Student ID: _____ **Date of Birth:** _____

Cell Phone: _____ **Home Phone:** _____

Bucks Email: _____ **Home Email:** _____

Permanent Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Local Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Section II: Provider Section (Please type information or print legibly)

A. Contact with the Student:

Date of initial contact with the student: _____

Date of last contact with the student: _____

B. Diagnosis Information:

1. Clinical History

Does the student have a clinical history (i.e., prior to age 12) of Psychological Disorder? Yes NO

Approximately at what age did the student start to exhibit symptoms? _____

What date was the student diagnosed with symptoms? _____
Month Year

Approximately at what age did the student start to exhibit ADD or AD•HD symptoms? _____

- 2. DSM Codes:** Please include all pertinent diagnoses or rule-out diagnoses using DSM codes (preferably DSM-5 codes). Please be specific with regard to the diagnosed disorder (i.e., specific anxiety disorder, depressive disorder, etc.)

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Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V (GAF):	

3. Current Symptoms

- a.** Please provide information regarding the student’s current presenting symptoms.

- b.** Is there clear evidence that the student’s symptoms associated with the psychological disorder are interfering with or reducing the quality of at least one of the following, including academic functioning?

School (classroom or educational setting):	
Home or work:	
With friends or relatives:	
In other activities:	

4. Student's History

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

C. Medications:

1. Is the student currently taking medication(s) for Psychological Disorder symptoms? Yes NO
2. If yes, please provide information below for each medication the student is currently prescribed:

Medication • Dosage • Frequency (e.g., Adderall 5 mg 1 x daily):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

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D. Therapies:

Is the student currently participating in psychological therapy (e.g., psychotherapy, group therapy, cognitive-behavior therapy)? If so, what is the nature of the therapy, how long has the student been in therapy, and how often does the student participate?

E. Functional Limitations and Recommended Accommodations:

1. Please list the student’s current symptoms associated with the psychological disorder and then indicate what reasonable academic accommodations would mitigate the symptom listed.
2. **Sample:** During a bout of depression, a student experiences insomnia and often sleeps during the day causing class absences.

Symptom: (Example)
Student has been diagnosed with Insomnia.
Recommended Reasonable Accommodation(s):
Consideration given to flexed class attendance policies during periods of insomnia

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, psychiatrist, clinical psychologist). The provider signing this form must be the same person answering the above questions.

Provider’s Name: _____
Last First Middle

Credentials: _____

License Number: _____ **State of Licenser:** _____

Phone Number: _____ **Email:** _____

Practice Street Address: _____

City: _____ **State:** _____ **Zip:** _____

May this completed Verification Form be released to the student? Yes NO

Provider Signature: _____ **Date:** _____

Section IV: Submitting this Form

This form should be returned to the Accessibility Office (TAO) at Bucks County Community College where the student is enrolled. All forms need to be submitted at the Newtown campus. Please see the following methods of submission of this form:

Email: accessibility@bucks.edu

Fax: (215) 968-8033

USPS: Bucks County Community College
 Attention: The Accessibility Office
 275 Swamp Road
 Newtown, Pennsylvania 18940

Physical Drop Off: Newtown Campus
 Rollins Center • Student Services Office • Room 001

Information regarding the Accessibility Office (TAO) at Bucks County Community College can be found at <http://www.bucks.edu/student/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.

Bucks County Community College does not discriminate in its educational programs, activities or employment practices based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, veteran status, union membership, or any other legally protected category.