UNIVERSITY OF MARYLAND GLOBAL CAMPUS

DISABILITY VERIFICATION FORM FOR STUDENTS WITH A MENTAL HEALTH DISORDER

Accessibility Services

1616 McCormick Drive Suite 2441 Largo, MD

Main line: 240-684-2287 Fax: 240-684-2590

To be completed by diagnosing psychiatrist/psychologist

The following student _____has asked to register with Accessibility Services (AS) at University of Maryland Global Campus (UMGC). AS requires documentation of the student's disability in order to establish eligibility and provide appropriate services.

Under the Americans with Disabilities Act (ADA) 1990 and Section 504 of the Rehabilitation Act of 1973, students are protected from discrimination and may be entitled to reasonable accommodations. In compliance with the requirements set forth, this form is to verify that a disability exists and accompanying the disability are functional limitations. A diagnosis of disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the request for accommodations and/ or services.

The information you provide will not become a part of the student's academic records but will be kept confidential, and placed into the student's file at AS. Indicated by the signature below, the student has given permission to release information to UMGC.

Signature of student _____ Date _____

After completing this form, please mail or fax the form to the address above. If you have any questions regarding the nature of the information requested on this form, please feel free to contact Accessibility Services at (240) 684-2287 or accessibilityservices@umgc.edu Thank you for your assistance.

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1. DSM-IV Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Date of initial Diagnosis: _____

Last contact with student: _____

2. Basis on which diagnosis was made: Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

Criteria	**Additional Notes**
Structured or unstructured interviews with the student	
Interviews with other persons	
Behavioral observations	
Developmental history	
Educational history	
Medical history	
Neuro-psychological testing. Date(s) of testing?	
Psycho-educational testing. Date(s) of testing?	
Standardized or non-standardized rating scales	
Other (Please specify)	

- **If psychological test were conducted, please include and/or attach copies of testing reports and scores used to support the diagnosis.**

3. Are there any coexisting conditions, including medical disabilities and learning disabilities that should be considered when providing accommodations?

4. Is the student currently on medication? _____ Describe medication(s), (date(s) prescribed.

How might side effects, if any, affect the student's academic performance?

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5. Please check which of the major life activities listed below are affected because of the psychological diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't KNOW
Memory	☐	☐	☐	☐
Concentration	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Social Interactions	☐	☐	☐	☐
Self care	☐	☐	☐	☐
Timely submission of assignments	☐	☐	☐	☐
Understanding directions	☐	☐	☐	☐
Managing internal distractions	☐	☐	☐	☐
Managing external distractions	☐	☐	☐	☐
Making and keeping appointments	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐
Organization	☐	☐	☐	☐
Other (please describe):				

6. How long do you anticipate the student's academic achievement will be impacted by this disability?

	Six Months
	One Year
	More than One Year

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7. Do you have any recommendations and justifications regarding effective academic accommodations for the student while attending UMGC? (e.g., note-takers, extended time for test)

Recommended Accommodation	Justification

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CERTIFYING PROFESSIONAL:

Printed Name and Title: _____

Signature/Professional Stamp: _____

Date: _____

License Number: _____

Address: _____

_____

Telephone: _____ Fax: _____

Number of years working with adult college students: _____