

Disability Resource Center

Skyline College, 5-132
3300 College Dr., San Bruno, CA 94066
Ph: (650) 738-4280 F: (650) 738-4228

Psychological Disability Verification Form

Student/Patient Name: _____

Phone: _____ Social Security #: _____

Birthday: _____ G#: _____

I hereby authorize the release and exchange of confidential educational, vocational, medical and psychological information between DRC at Skyline College and the listed individual/agency.

X _____ Date: _____

Name of Psychiatrist/Psychologist: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

To qualify for accommodations, students must present documentation from a qualified licensed professional that indicates a specific disability exists and that the disability substantially limits one or more major life activities. The Psychological Disability Verification Form assists the DRC Coordinator in determining the student's eligibility for reasonable accommodations. **Please complete the form in full and return to the above address or fax number.** If you have any questions or concerns, please contact the DRC Coordinator at the number above.

DSM-IV multi-axial diagnosis for the student?

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V (GAF) _____

Date of diagnosis: _____ Date of last contact with the student: _____

What is the severity of the disorder? ___mild ___moderate ___severe

What is the duration of the disorder? ___temporary ___permanent ___episodic

How did you arrive at the diagnosis? Please include any relevant psychological tests performed on the student and the date of administration.

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Functional limitations affected by disorder (check all that apply):

- Easily distracted Poor concentration Panics in unfamiliar surroundings/situations
 Difficulty focusing for extended period of time Difficulty overcoming unexpected obstacles
 Difficulty formulating and executing plan of action Other: _____

Major life activity or activities affected by disorder (check all that apply):

- Caring for self Performing manual tasks Walking Seeing Hearing
 Breathing Learning Working None Other: _____

Describe how the psychological disorder may affect the student's academic performance.

Is the student taking any medication for the psychological disorder? yes no
If yes, describe the medication(s), side effects, and impact on academic performance.

What academic accommodations do you recommend for the student? Academic accommodations include (but are not limited to): note taker, use of a recorder, extended time, distraction reduced testing environment, etc.

You are welcome to provide any additional information you believe is relevant to the student's accommodation request.

This form was completed by:

Name: _____

Professional Title

License number

X _____
Signature