

Verification Form for Psychological Disabilities ~~ADHD~~

STUDENT INFORMATION

This box to be completed and signed by the student.

Student Name: _____ Student ID: _____

Phone Number: _____ UNTHSC Email: _____

Program: _____ Graduation Year if Applicable: _____

I understand that I am requesting my practitioner provide complete and confidential information regarding my diagnosis. I also understand that completion of this form by a qualified practitioner does not guarantee accommodations.

Student Signature: _____ Date: _____

The student above is seeking accommodations through ~~Office of Disability Access~~ The Office of Disability Access provides appropriate and reasonable accommodations under the Americans with

missing information may require additional documentation. The completion of this form does not automatically qualify a student for accommodations and additional documentation may be required to determine appropriate and reasonable accommodations.

DIAGNOSTIC INFORMATION (TO BE COMPLETED BY A QUALIFIED PRACTITIONER)

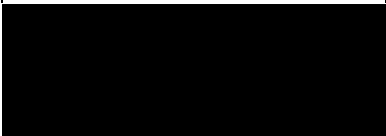
Diagnosis

| DSM/ICD Diagnosis Code and Name | Date of Diagnosis | Expected duration |
|---------------------------------|-------------------|-------------------|
| | | |
| | | |

Additional Criteria for Diagnosis

In addition to DSM/ICD criteria, how did you arrive at your diagnosis? Please check all relevant items below and add brief notes that you think could be helpful in determining appropriate and reasonable accommodations.

| Yes | Criteria | Additional Notes |
|-----|--|------------------|
| | Structured or unstructured interviews with the student | |
| | Interviews with other persons | |
| | Behavioral observations | |
| | Developmental history | |
| | Educational history | |
| | Medical history | |



Functional Limitations

Current Treatment

Please complete for any current treatment the student is receiving.