

**Student Disability Resources**The Pennsylvania State University
equity.psu.edu/sdr**VERIFICATION FORM for PSYCHOLOGICAL DISORDERS**

Penn State's Student Disability Resources (SDR) office has established a Verification Form for Psychological Disorders to obtain current information from a qualified practitioner (e.g., psychiatrist, clinical psychologist, clinical social worker, licensed counselor) regarding a student's mental health symptoms, related medications, and their impact on the student, and their 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 Penn State's SDR guidelines for psychological disorders.

A summary of the guideline criteria for documenting psychological disorders is listed below (more information related to SDR documentation and guidelines for psychological disorders can be found at the following website: [Link to Guidelines for Psychological Disorders](#)).

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

I. Student Information: (Please Print Legibly or Type)

Student's Name:

First: Middle: Last: Date of Birth: PSU ID #: Penn State campus student is attending:

Student's Home Address:

Street: City: State: Zip: Phone Number:

II. Provider Section:

1. Contact with Student

- a. Date of initial contact with student:
- b. Date of last contact with student:
- c. Frequency of appointments with student (e.g., once a week, once a month):

2. Diagnosis

a. **DSM-5 Codes:**

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

Principal Diagnosis: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

Other Diagnoses: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

WHODAS 2 Score (If given): _____

b. When was the student diagnosed? Month Year

c. **Current Symptoms:**

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

ii. 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 functioning:	
Social functioning:	
Work functioning:	

3. 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).

4. Psychological Treatment

a. Medications:

i. Is the student currently taking medication(s) for psychological disorder symptoms?

Yes No

ii. If yes, please provide information below for each medication the student is currently prescribed:

Medication/Dosage/Frequency (e.g., Lexapro 10 mg 1 x daily):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

Medication/Dosage/Frequency (e.g., Lexapro 10 mg 1 x daily):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

Medication/Dosage/Frequency (e.g., Lexapro 10 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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Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

b. Therapies:

- i. 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?

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5. Functional Limitations and Recommended Accommodations

- a. Please list the student’s current symptoms associated with the psychological disorder and indicate what reasonable academic accommodations would mitigate the symptom listed. More detailed information regarding reasonable academic accommodations can be found on the SDR website at:

<http://equity.psu.edu/sdr/applying-for-services/reasonable-accommodations>

Example: <i>During a bout of depression, a student experiences insomnia and often sleeps during the day causing class absences.</i>
Symptom: <i>Insomnia</i>
Recommended Reasonable Accommodation(s): <i>Consideration given to flexed class attendance policies during periods of insomnia</i>

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

III. Provider’s Certifying Professional Information:

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., psychiatrist, clinical psychologist, clinical social worker, licensed counselor). The provider signing this form must be the same person answering the above questions.

Provider’s Name:

First:

Middle:

Last:

Credentials:

License Number:

State of Licenser:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Can this completed Verification Form be released to the student? Yes No

Signature of Provider: Date:

Submitting this Form:

This form should be returned to the disability office at the Penn State campus where the student is enrolled. Information regarding other Penn State disability offices can be found at: [Campus Disability Coordinators](#). Please visit the SDR website and submit to the appropriate Penn State campus.