

PENNSTATE

**Office for Disability Services**

The Pennsylvania State University

<http://equity.psu.edu/ods>**VERIFICATION FORM for PSYCHOLOGICAL DISORDERS**

Penn State University's Office for Disability Services (ODS) has established the Verification Form for Psychological Disorders to obtain current information from a qualified practitioner (e.g., psychiatrist, psychologist, clinical social worker, licensed counselor) 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 Penn State University's ODS guidelines for psychological disorders.

A summary of the guideline criteria for documenting psychological disorders is as follows (more information related to ODS documentation and guidelines for psychological disorders can be found at the following web site: [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; and
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* Codes:
 - i. 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.)

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

- 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:	
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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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4. Functional Limitations and Recommended Accommodations

- a. Please list the student’s current symptoms associated with the psychological disorder and then indicate what reasonable academic accommodations would mitigate the symptom listed. More detailed information regarding reasonable academic accommodations can be found on the ODS web site at: <http://equity.psu.edu/ods/considering-penn-state/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, 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:

E-mail Address:

May 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 in which the student is enrolled. Information regarding other Penn State disability offices can be found at: [Campus Disability Coordinators](#) Listing. Please check the web site and submit to the appropriate Penn State campus.