



MENTAL HEALTH DISABILITY VERIFICATION FORM (INCLUDING ADHD)

To be completed by a licensed and/or certified mental health professional who is an impartial evaluator and not a family member or in a dual relationship with the student.

Today's Date: _____

Student's Name: _____ DOB: _____

Date student was first seen: _____ Date student was last seen: _____

How often do you see this student? _____

Mental Health Provider Name: (Printed) _____

Credentials and State License #: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____

Affix card here or office stamp (optional)

SECTION 1: VERIFICATION OF DISABILITY

The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits a major life activity. Please note that a diagnosis alone does not automatically qualify a student for accommodations. The information on this form should identify a disability, describe its current impact and address how the impairment substantially limits a major life activity.

1. Is the student's condition, as they currently experience it, classified as a disability? No Yes (If no, there is no need to continue further with this form)
2. How does the student's impairment substantially limit at least one major life activity? (Note: major life activity is inclusive of learning, reading, concentrating, and thinking)

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3. DSM-5 Diagnosis(es) and Diagnostic code(s) _____
 4. Diagnostic Criteria Met _____
Current Severity _____
Rule Outs _____
 5. Have there been any significant life events that have impacted the student's ability to learn and/or complete major life activities in the past 12 months? No Yes (If yes, please explain)
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SECTION 2: DURATION OF ASSOCIATED FUNCTIONAL LIMITATIONS (please check)

- Permanent, continuous: Ongoing functional limitations that will impact the student over the course of their academic career and are unlikely to change
- Permanent, episodic: Periods of good health interrupted by periods of illness or disability over the course of their academic career
- Temporary: These functional limitations are temporary, or the severity may change, and should be reassessed in future. Student to be reassessed by: ____/____/____
- Provisional: I am still monitoring/assessing the student. Assessment likely to be completed by: ____/____/____

SECTION 3: CLINICAL ASSESSMENT METHODS USED (check all that apply)

- Clinical assessment Date: ____/____/____
- Rating scales for ADHD: _____ Score _____ Date: ____/____/____
- Mood Rating scales: _____ Score _____ Date: ____/____/____
- Psychiatric or Psychological evaluation Date: ____/____/____ (Please provide a copy of report, if applicable)
- Neuropsychological or psycho-educational assessment Date: ____/____/____ (Please provide a copy of report, if applicable)
- Behavioral observations
- Student self-report
- Interview with significant others
- Pharmacological history
- Other: _____ Date: ____/____/____

SECTION 4: CURRENT TREATMENT

1. (Select): Individual therapy Group Therapy Medication Management Other: _____

2. Has the student recently been hospitalized for treatment of this diagnosis/disability? Yes No

If yes, please indicate the most recent date range of hospitalization:

_____/_____/_____ to ____/____/_____

3. List medications the student is currently taking:

Medication:

Side effects experienced by student:

4. Relevant additional information that has impacted the student within the last 12 months (such as compliance, persistence of symptoms, or significant life events)

5. Please list any coexisting conditions, including medical disabilities and learning disabilities that should be considered when determining accommodations. Provide diagnosis, dates of prior testing and name of evaluator.

SECTION 5: ACADEMIC ACCOMMODATIONS

Please note: Accommodations at the college level are intended to provide access rather than ensure success. The ADS office may find that the recommended accommodation is not appropriate and propose a reasonable alternative. Accommodations such as modification to attendance and extended deadlines are rarely considered reasonable at the college level.

What accommodations would you support and why?

Is there anything else you think we should know about the student's mental health disability and their ability to function academically and socially in a college environment?

Please return to the office by:

Email: tuads@towson.edu, Fax: 410-704-4247 or Return to student to deliver