



Provider Documentation Request for Psychiatric/Psychological Disabilities Verification
(Complete this form if this information has not been included on other documentation.)

Student Section (Please type or print clearly)

Name Student ID # Phone

Address City State Zip Code

I authorize (Psychologist/therapist name) to release information pertinent to my medical condition to the Educational Access Services at Colorado Mesa University in Colorado.

Student Signature Date

Note: diagnosis by a licensed mental health professional including but not limited to licensed clinical social worker (LCSW), licensed professional counselor (LPC), psychologist, psychiatrist, or neurologist is required. Student eligibility for accommodations is based on the completeness of your answers.

Diagnosis

Date(s) of Diagnosis

Today's Date Summary of presenting symptoms

How did you determine the student's diagnosis? clinical interview clinical inventories other instruments
Specify

Do you recommend further assessment(s) with regards to learning disabilities, psychological disabilities, neurological disabilities and/or other disabling conditions?
Yes (list evaluation recommendations)
No

Please list all current medications prescribed to the student

Does medication mitigate the student's symptoms? completely partially not mitigated

Is the student compliant in taking prescribed medication? Yes No

Are there any side effects from medication that impact academic functioning? Yes No

If so, please describe

How substantial are the current limitations compared to the average person? mild moderate severe

Describe how the disability presents a functional limitation to a major life activity that may impact learning in a post-secondary environment (e.g. Difficulty with concentration, slow processing speed, phobic reactions, anxiety/avoidance, stress tolerance, etc.)

The student's condition is: stable improving worsening cyclically variable

Will the student's class attendance, participation and/or responsiveness to deadlines and/or exams be impacted?

Yes (Please explain below) No

How many credit hours do you recommend the student take? 0 3-6 6-9 9-12

Considering the student's disability do you recommend they take on-line courses? Yes No

**Please initial by each accommodation you are recommending below based on your findings
(Please note that all accommodations will be based on a review)**

TESTING ENVIRONMENT

- ___ distraction-limited environment
- ___ time and a half or ___ double time
- ___ reader (software) ___ scribe
- ___ writer for scantron
- ___ alternate lighting
- ___ dry erase board
- ___ colored paper _____
- ___ enlarged font

ASSISTIVE TECHNOLOGY/AUXILIARY SERVICES

- ___ Alternative Format Texts
- ___ brailled texts
- ___ CCTV (video magnifier)
- ___ JAWS ___ Dragon NS ___ Zoomtext
- ___ FM System/Bluetooth
- ___ Overlays
- ___ ASL Interpreters

INSTRUCTIONAL/ACADEMIC

- ___ peer note taker
- ___ computer for in-class writing/note taking
- ___ record lectures
- ___ instructional materials IF already available: i.e. *power points, overheads, study guides, or board/lecture notes*

ADDITIONAL REQUESTS

CLASSROOM ENVIRONMENT

- ___ classroom breaks or opportunity to stand & move
- ___ alternative furniture:
- Chair cushion table riser cart

Certifying Professional: Signature _____ Date _____

Name & Credentials _____ Phone _____

License/Certification number and state where license was issued _____ State _____

Address _____ City _____ State _____ Zip Code _____

If you are an intern, please provide the following:

Supervisor's Name (Print) _____ Supervisor's Signature _____

Supervisor's Credentials, and License/Certification number and state where license was issued _____
State _____

You may mail this form to:
Educational Access Services • 1100 North Avenue • Grand Junction, CO 81501-3122
OR Scan and email to: EAS@coloradomesa.edu

Note: Not all conditions listed in DSM-IV Note: Not all medical conditions are disabilities or impairments for the purposes of Section 504/ADA. Therefore, a diagnosis does not in and of itself meet the definition of a disability necessitating reasonable accommodations under these laws. In order to assist this office in determining a disabling condition in line with Section 504/ADA and our policies, please address each of the above items. We treat all information confidentially. Information is released if the student provides their signed consent to do so per the Family Education Rights and Privacy Act (FERPA) or as permitted by FERPA regulations to include the FERPA changes implemented January 8, 2009.