

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 _____

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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

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*

CLASSROOM ENVIRONMENT

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

ASSISTIVE TECHNOLOGY/AUXILIARY SERVICES

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

ADDITIONAL REQUESTS

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.