



## Psychological Disability Verification Form

Office of Student Affairs, 2500 Alluvial Ave, Clovis, CA 93611

\*\*\*\*This form must include ALL of the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through CHSU- COM.\*\*\*\*

Student's Name:

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Date of Birth:

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Address:

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Phone Number:

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This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from California Health Sciences University, College of Osteopathic Medicine. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University Policy requires that a Qualified Professional provide current and comprehensive documentation. A qualified professional includes licensed psychiatrists, psychologists, doctors of osteopathic medicine, medical doctors, or other qualified mental health professional *who is not a family member of the student*.

In order to be considered current, an evaluation performed before the student started post-secondary education must have been performed no more than 5 years prior to the student's current request for accommodation(s). An evaluation performed before or during post-secondary education must be no more than 5 years old.

The documentation provided must include information that indicates a diagnosis of a psychological disability (must make a DSM-IV TR diagnosis), describes the functional limitations in an educational setting, indicates the severity and longevity of the psychological disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication and any current side-effects which may impact academic performance.

To facilitate the gathering of such critical information, please respond to the following and return to CHSU- COM, Student Affairs.

1.Diagnosis:\_\_\_\_\_

2.Date of Diagnosis: \_\_\_\_\_

3.Date of Last Professional Contact with Student: \_\_\_\_\_

4.Provide a summary of the student's educational, medical, and family history that may relate to the psychological disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

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5.List current medications along with any current side effects that may impact academic performance?

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6.Describe the student's functional limitations in an educational setting:

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7.Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at CHSU- COM?

Please check all that apply: ☐ extended time (1.25x) ☐ distraction-reduced environment

☐ Other: \_\_\_\_\_

Please note: If any other accommodations are being requested, additional documentation WILL BE REQUIRED.

Qualified Professionals Signature: \_\_\_\_\_

Preferred Name and Tile: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: Our policy regarding documentation prohibits the dissemination of the documentation supporting an accommodation to you or anyone requesting it once it is received by the University. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.