

Disability Resource Center

Skyline College, 5-132  
3300 College Dr., San Bruno, CA 94066  
Ph: (650) 738-4280 F: (650) 738-4228

**Psychological Disability Verification Form**

Student/Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthday: \_\_\_\_\_ G#: \_\_\_\_\_

*I hereby authorize the release and exchange of confidential educational, vocational, medical and psychological information between DRC at Skyline College and the listed individual/agency.*

**X** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Psychiatrist/Psychologist: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

To qualify for accommodations, students must present documentation from a qualified licensed professional that indicates a specific disability exists and that the disability substantially limits one or more major life activities. The Psychological Disability Verification Form assists the DRC Coordinator in determining the student's eligibility for reasonable accommodations. **Please complete the form in full and return to the above address or fax number.** If you have any questions or concerns, please contact the DRC Coordinator at the number above.

DSM-IV multi-axial diagnosis for the student?

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V (GAF) \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ Date of last contact with the student: \_\_\_\_\_

What is the severity of the disorder? \_\_\_mild \_\_\_moderate \_\_\_severe

What is the duration of the disorder? \_\_\_temporary \_\_\_permanent \_\_\_episodic

How did you arrive at the diagnosis? Please include any relevant psychological tests performed on the student and the date of administration.

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Functional limitations affected by disorder (check all that apply):

- Easily distracted     Poor concentration     Panics in unfamiliar surroundings/situations  
 Difficulty focusing for extended period of time     Difficulty overcoming unexpected obstacles  
 Difficulty formulating and executing plan of action     Other: \_\_\_\_\_

Major life activity or activities affected by disorder (check all that apply):

- Caring for self     Performing manual tasks     Walking     Seeing     Hearing  
 Breathing     Learning     Working     None     Other: \_\_\_\_\_

Describe how the psychological disorder may affect the student's academic performance.

\_\_\_\_\_  
\_\_\_\_\_

Is the student taking any medication for the psychological disorder?  yes     no  
If yes, describe the medication(s), side effects, and impact on academic performance.

\_\_\_\_\_

What academic accommodations do you recommend for the student? Academic accommodations include (but are not limited to): note taker, use of a recorder, extended time, distraction reduced testing environment, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are welcome to provide any additional information you believe is relevant to the student's accommodation request.

**This form was completed by:**

Name: \_\_\_\_\_

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
License number

**X** \_\_\_\_\_  
Signature