



Student Accessibility Services Psychological Disability Verification Form

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To Evaluator: To determine eligibility for accommodations from National University's Student Accessibility Services, a student must have his/her disability verified by an appropriate licensed professional. Documentation necessary to substantiate the diagnosis must be comprehensive. In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation. The report must include a specific diagnosis based on the current edition of the DSM. Evaluators are encouraged to cite the specific objective measures used to help substantiate the diagnosis. The evaluator should use direct language in the diagnosis, avoiding the use of nonspecific terms as "suggests", "has a problem with", or "may have emotional problems"

Student's Name: _____

Briefly describe your psychological disability and any diagnoses (according to the current edition of the DSM):

Date of Diagnosis: _____

Duration of Disability

- Permanent 6 to 12 months Less than 6 months

Please list all major life activities that are currently affected:

Please describe current functional limitations in the academic environment and other settings:

Current Medications and Dosages:

Potential Medication Side Effects:

Other Relevant information regarding current treatment:

Specific Request for Accommodations with Accompanying Rationale:

The Evaluator must describe the current impact of the diagnosed psychiatric disorder on a specific life activity as well as the degree of the impact on the individual. A relationship must be established between the requested accommodations and the functional limitations of the individual that are related to the academic setting.

For example, test anxiety, in and of itself is not a sufficient diagnosis to support requests for an accommodation. Given that many individuals may perceive they might benefit from extended time in testing situations, evaluators must provide a specific rationale and justification for this accommodation.

Psycho-educational, neuropsychological or behavioral assessments are often necessary to support the need for accommodations based on the potential for psychiatric challenges that interfere with cognitive performance. Please list assessments used:

The information below is to certify that this document has been completed by a licensed practitioner or professional qualified in the appropriate specialty area.

Name: _____ Medical Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____

Signature: _____ Date: _____

If you have any questions about completing this form or the application, please contact Student Accessibility Services for assistance at (858) 521-3967 or sas@nu.edu.

Please note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. For more information check out the following link: <http://www.eeoc.gov/laws/statutes/gina.cfm>