Psychological Disability Verification Form
To Be Completed By
Psychiatrist / Psychologist / or Diagnosing Physician

The American with Disabilities Act (ADA) speaks to the accessibility and availability of higher education for all qualified persons. At Johnson State College, Academic Support Services has the responsibility of implementing the provision of the ADA for persons with psychological disabilities. A psychological disability is defined by the ADA as “…a…mental impairment which substantially limits one or more major life activities…” In DSM-IV terms, this means a GAF (Global Assessment of Functioning) of 60 or less (scale of 1-100), usually with a history of emotional problems. These are serious, ongoing conditions rather than temporary or situational difficulties.

The Academic Support Services Program assists students with psychological disabilities by:

a) certifying students with psychological disabilities, and
b) arranging and overseeing the provision of reasonable accommodations for these students.

Academic Support Services (ASSP) does not perform evaluations for students with psychological disabilities. ASSP provides counseling by our personal counselor or may refer students to the JSC Counseling Center or to private clinicians.

The ADA prohibits discrimination against persons with disabilities and requires “reasonable accommodations” that can be made without “undue hardship” to an institution. With or without accommodations, students must meet the requirements of JSC: demonstrate academic achievement and abide by JSC policies.

CERTIFICATION

A student who believes she or he might qualify for certification as having a psychological disability should contact the Learning Specialist at ASSP to obtain disability verification forms. These forms are to be completed by licensed mental health professionals, and returned to the Learning Specialist, who will decide whether the student meets the requirements for certification, in consultation with our Personal Counselor. The certification process is confidential to the extent provided by law.

ACCOMMODATIONS

A student who has been certified with a psychological disability is responsible for meeting with the Learning Specialist each semester in order to arrange for reasonable accommodations for specific courses. Once reasonable accommodations have been decided upon, as supported by the documentation provided, the student gives written consent for the Learning Specialist to write a letter to appropriate faculty and/or staff members detailing the accommodations. The student is responsible for delivering the letter to the faculty/staff members, and for arranging implementation of the accommodations with them. In order to protect the student’s privacy, no specific information about the nature of the student’s disability is provided to faculty/staff members.

Most students who utilize accommodations and other recommended services on campus make satisfactory progress at JSC. The Learning Specialist will work with the student, faculty, and/or staff...
member to facilitate the process if any problems arise. If a faculty/staff member refuses to provide accommodations, the student may use the grievance process detailed in the student handbook.

Global Assessment of Functioning (GAF) Scale from DSM IV TR
Consider psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Eligibility requirements for support services for students with Psychological Disabilities:

1. Student provides verification for diagnosis and severity.
2. Student is assessed as having a functional limitation in the educational setting. (Psychological disabilities prevents student from equal access to classes, activities, or services offered by JSC to non-disabled students unless specific support services or accommodations are provided.)

Please provide the following information about __________________________________________
(Student’s name)

Student’s Date of Birth____________________  Student’s Social Security Number_________________

I________________________________________ give permission for the release of information to
Johnson State College

____________________________________________________________________________________
Signature of student

1. DSM Diagnosis:_______________________

2. Level of Severity: (circle one) Mild Moderate Severe

Global Assessment of Functioning Scale score (see attached):_______________________________

3. Date of Diagnosis:_____________________
Length and type of treatment:______________

Last contact with student:_______________

4. Describe symptoms which meet the criteria for this diagnosis with approximate date of onset:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

5. Has this student ever received hospitalization/residential treatment for psychiatric disorder? If so, please give relevant institutional names and dates:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6. Describe this student’s functional limitation in an educational setting:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
7. Have you any recommendations to make regarding effective academic accommodation to equalize this student’s educational opportunities at the post-secondary level? (Describe services/accommodation, classroom or study activities, or College requirements.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Provide a medication history related to this disability.

________________________________________________________________________
________________________________________________________________________

9. Is this student currently on medication? Yes_____ No_____  
Medication:_____________________________ Dosage: ____________________________
Will treatment (medication/therapy) be required locally? Yes____ No____  
Have such arrangements been made? Yes____ No____
Describe:________________________________________________________________________
________________________________________________________________________

10. Does this student continue to need educational services or accommodations when utilizing recommended treatment?

________________________________________________________________________
________________________________________________________________________

11. In addition to the diagnostic report, please attach other information relevant to this student’s social and academic adjustment at Johnson State College.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of diagnostic practitioner __________________________ Date ____________

Type of License________________________ State of License and No._________________

Print name and title: __________________________________________________________

Telephone:____________________________ Address: ____________________________

Please Return This Form and Supporting Materials To:
The Learning Specialist  
Academic Support Services  
Johnson State College  
337 College Hill  
Johnson, VT 05656

Telephone: 802-635-1259  
TTY: 802-635-1456  
FAX: 802-635-1454  

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