

Airport Campus
Counseling & Career Services
Midlands Technical College
PO Box 2408
Columbia, SC 29202
Phone (803) 822-3505
Fax (803) 822-3295
TTY (803) 822-3021
E-mail: counseling@midlandstech.edu

Please return this form to the campus you are attending



Beltline Campus
Counseling & Career Services
Midlands Technical College
PO Box 2408
Columbia, SC 29202
Phone (803) 738-7636
Fax (803) 790-7515
TTY (803) 738-7164
E-mail: counseling@midlandstech.edu

Verification of Psychological Disability

Student's Name: _____

To be Completed by a Qualified Licensed Provider:

A licensed clinical psychologist, clinical neuropsychologist, psychiatrist, or other appropriately trained medical professional with expertise in the field of adult psychological disorders must conduct a complete psychological assessment. Though each case is dealt with on its own merits, eligibility for disability accommodations and services typically requires that the student present the following evidence:

- There is clear evidence of a properly diagnosed and reported psychological impairment.
- The diagnosed impairment substantially limits (as compared to the "average person" in the general population) a major life function.

Midlands Technical College provides testing and classroom accommodations for students with a verified disability. A student's documentation must demonstrate the existence of a condition covered by the Americans with Disabilities Act (ADA: 1990). **The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.** Documentation of such an impairment must be derived from a licensed provider who is not a relative of the student. Specific information regarding the condition as well as its impact on learning must be provided. This report is designed to determine the following:

- Summary of results of a structured psychiatric interview. In the absence of such a structured interview, an itemized review of DSM-IV TR diagnostic criteria must be present.
- Family history
- Age of onset and course of illness
- Psychological tests (especially illness-specific assessments)
- History of treatments and their outcomes
- History of attempted accommodations in an educational setting
- A rationale for any recommended accommodations
- Side effects or educational impact of medication

If the space provided below is not sufficient, please attach a separate sheet of paper or include a separate report.

1. What is the student's **DSM IV-TR diagnosis and diagnostic code**? _____
 - a. State the current symptoms: _____

 - b. When was the first onset of symptoms described by DSM IV-TR? _____

 - c. How is the disability substantially limiting? _____

 - d. State the frequency of your appointments with this student and the date of your last contact with this student: _____

Student's Name: _____

2. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses, and your reasons for ruling them out. _____

3. In an **attached report**, please state approximately how much time was used to complete the clinical interview, give the date of the interview, and provide a summary of findings from each of the following elements of the interview:
- A survey of past and present symptoms
 - Pertinent developmental and medical history
 - Psychological, psychiatric, and work history
 - School history (if applicable)- based on school records, report cards, transcripts, social/academic adjustment
 - Social adjustment and general day-to-day adaptive functioning
4. List and describe any diagnosis-specific rating scales or global clinical assessments of severity used to determine the pervasiveness of the condition. _____

5. Describe the symptoms related to the student's condition that cause significant impairment in a major life activity. _____

6. If applicable, list the student's current medication(s) and side effects. _____

- a. Are there significant limitations to the student's functioning directly related to the prescribed medications? Yes _____ No _____
- b. If yes, please describe. _____
7. Please state specific recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted. Indicate why the accommodations you recommend are necessary. (For example, if you recommend extra testing time state the reasons for this request related to the student's disability.) _____

8. Are current treatments successful? If so, why are the above accommodations necessary? _____

Signature of Provider: _____
License # _____

Date: _____
State: _____

Name/Title: _____
Address: _____
Phone: _____
E-mail: _____