

Verification of Psychological Disability

Accessibility Resources at the University of Cincinnati provides accommodations to students with medical disabilities. To determine eligibility for services, this office requires current and comprehensive documentation of the condition from a licensed mental health professional.

Please answer the following questions pertaining to:

Student: _____

Primary Diagnosis: (Include DSM-5 axes as appropriate)

Date of Diagnosis: _____ Date of last contact with student: _____

Describe symptoms /behavioral manifestations associated with diagnosed condition:

List prescribed medication(s), dosage, frequency, and adverse side effects (if applicable):

Does this condition or medication prescribed for this condition cause substantial limitations in the academic environment? If yes, please describe.

The following academic accommodations may or may not be appropriate for this student. Please indicate those, which you believe, will reduce the impact of symptoms, medication side effects, and/or behavioral issues in the academic environment.

Peer Note taker	_____		
Use of an in-class Tape Recorder	_____		
Distraction-free Testing Environment	_____		
Extended Time for Testing:	_____ +50%	_____ +100%	

Other: _____

Licensed Professional's Signature: _____

Print Name & Title: _____

Address: _____

Phone: _____

Date: _____

Please send this form and any supporting documents (psycho-educational testing) to:

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