# **UNIVERSITY OF NORTH FLORIDA**

Student Accessibility Center

Building 57, Room 1500

1 UNF Drive

Jacksonville, Florida 32224-2665

Tel: (904) 620-2769 FAX: (904) 620-3874

[SAC@unf.edu](mailto:SAC@unf.edu)

## **Disability Verification of Psychological Disorders**

Documentation must be provided by one of the following licensed mental health professionals: Psychologist, Psychiatrist, Clinical Social Worker, Mental Health Counselor, Psychiatric Nurse Practitioner (ANCC)

### Student complete the following.

* Student Name:
* Date of Birth:
* Phone Number:
* UNF Student N Number (if assigned one):

To ensure the provision of appropriate accommodations, you must provide current documentation of your disability. This documentation should provide information regarding the onset, longevity and severity of symptoms as well as a specific description of how they interfere with educational achievement. Assessment of current functioning is necessary.

The following information will assist us in providing the most appropriate academic accommodations for you. We are required to maintain confidential records for the purpose of academic accommodation according to Section 504 of the Vocational Rehabilitation Act of 1972 and the Americans with Disabilities Act of 1990.

I hereby authorize the following information as well as any other pertinent documentation to be forwarded to the Student Accessibility Center at the University of North Florida for the purpose of determining my eligibility for academic accommodations.

* Student Signature:



* Date:

Information to be requested from:

* Professional’s Name:
* Address:
* City:
* State/Zip:
* Phone Number:

### Health Professional Complete.

The following information is to be completed by a psychiatrist, psychologist or other licensed mental health practitioner. After completing this form, please fax or mail it to the SAC. The information you provide will not become a part of the student’s educational records but will be kept in the student’s file at the SAC where it will be kept confidential. Please contact staff at the SAC if you have questions or concerns. Thank you for your assistance.

1. Diagnosis:
2. Diagnostic Codes (if applicable):
3. Date of Diagnosis:
4. Most recent assessment for level of severity:
5. Are there any coexisting conditions, including medical disabilities and learning disabilities that should be considered when providing accommodations (describe if necessary)?

In addition to DSM V – TR criteria, how did you arrive at your diagnosis? Please write **'Yes'** by each relevant item listed in the following, adding any comments that you think would be helpful to us as we determine appropriate accommodations and services for this student.

* Diagnosis Item, **Interview with the person him/herself**
* Diagnosis Item, **Interview with other persons**
* Diagnosis Item, **Behavioral observations**
* Diagnosis Item, **Developmental history**
* Diagnosis Item, **Educational history**
* Diagnosis Item, **Medical history**
* Diagnosis Item, **Neuro-psychological testing**
* Diagnosis Item, **Psycho-educational testing**
* Diagnosis Item, **Educational testing**
* Diagnosis Item, **Rating scales**
* Diagnosis Item, **Please Specify Other:**

Please include any **comments** you might have:

Please attach copies of testing reports if available.

### Health Professional Complete.

1. Relevant test results or clinical observations used to determine diagnosis:
2. Describe symptoms which meet the criteria for diagnosis, and how these symptoms impact the individual’s ability to perform in a college setting:

In the following, please write **'Yes'** next to each major college life activity that is affected to a substantial degree because of the disability:

* college life activity, **Eating**
* college life activity, **Writing**
* college life activity, **Sleeping**
* college life activity, **Test-taking**
* college life activity, **Learning**
* college life activity, **Regular class attendance**
* college life activity, **Organization**
* college life activity, **Managing deadlines**
* college life activity, **Focusing or concentrating**
* college life activity, **Stress management**
* college life activity, **Memory**
* college life activity, **Classroom group functioning**
* college life activity, **Reading**
* college life activity, **Social interactions**
* Please specify **any other** college life activity:

### Health Professional Complete.

1. What is the student’s prognosis? How long do you anticipate the student’s performance in a college setting will be impacted by the disability?
2. Date of first visit:
3. Frequency of visits:
4. Date of last visit:
5. Is the diagnosis permanent or temporary?
6. What medications is the student currently taking? Do limitations persist, even with medication? How might side effects, if any, affect the student’s academic performance?
7. What procedures or tests were used to determine functional limitations?
8. What are the student’s functional limitations in an academic setting?
9. Please attach any additional documentation and/or testing results which may help us determine the most appropriate assistance for this student.

### Health Professional Complete.

Please indicate your recommendations regarding academic accommodations and accompanying justifications for the student (e.g., note-takers, extended time for tests, etc.) in the following.

* First Recommended Accommodation:
* First Recommended Justification:
* Second Recommended Accommodation:
* Second Recommended Justification:
* Third Recommended Accommodation :
* Third Recommended Justification:
* Fourth Recommended Accommodation:
* Fourth Recommended Justification:
* Fifth Recommended Accommodation:
* Fifth Recommended Justification:
* Sixth Recommended Accommodation :
* Sixth Recommended Justification:

### Health Professional Complete.

**Please indicate if student should be exempt from living on campus and/or having a meal plan on campus.**

* Student Name:
* Professional Signature:



* Date:
* Print Name, Title, Degree:
* Professional License Number:
* Phone Number:

Thank you for your prompt response to this request. Please return this information to:

Rusty Dubberly, Ed.D.

Director, Student Accessibility Center

Building 57, Room 1500

1 UNF Drive

Jacksonville, Florida 32224-2665

Tel: (904) 620-2769 FAX: (904) 620-3874

E-mail: [Rusty Dubberly](mailto:r.dubberly@unf.edu)(r.dubberly@unf.edu)