



GUIDELINES FOR DOCUMENTATION

VERIFICATION OF PSYCHOLOGICAL OR EMOTIONAL DISABILITY

The Student Academic Support Services (SASS) Office provides accommodations to students diagnosed with a disability that substantially impacts one or more major life functions. To determine eligibility for services and appropriate accommodations, current and comprehensive documentation of the disability from a licensed professional who is credentialed to perform such evaluation is required. If you have any questions pertaining to documentation needs, feel free to contact **Student Academic Support Services at (740) 284-5358 or Email tgreathouse@franciscan.edu**.

STUDENT INFORMATION: ****** To be completed by the student ******

Full Legal Name: _____

Date of Birth: _____ Cell Phone: _____

FUS ID#: _____ FUS Email: _____@student.franciscan.edu

Address: _____

MEDICAL INFORMATION: ****** To be completed by the diagnosing professional ******

1. What is the DSM diagnosis, date of diagnosis, and last contact with the student?

2. What is the severity of the disorder? Mild Moderate Severe

3. Describe the student's symptoms that meet the criteria for this diagnosis.

4. History of hospitalization:

5. Please describe the functional limitations of the disorder for this student in an educational setting and list any recommendations you have for academic accommodations.

6. Please describe the functional limitations of the disorder for this student in a residential setting and indicate what housing accommodations might mitigate the symptoms.

7. Is the student current taking medication(s) for the condition? If yes, please describe the side effects that impact the student's functioning (e.g., concentration, sleeping, recall ability, eating, etc.) Does the student have a prescribed treatment plan?

8. Is there any indication that this student may have an additional diagnosis, i.e., ADHD, learning disabilities, etc.? If there is, please describe and attach pertinent information?

PROVIDER INFORMATION:

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____

Telephone: _____

***Once completed, please return this form back to the student so that they may upload it with their SASS Disability Services Application (found on the FUS website).
If you have questions regarding this form, please call SASS at 740-284-5358.***