



## GUIDELINES FOR DOCUMENTATION

### ***VERIFICATION OF PSYCHOLOGICAL OR EMOTIONAL DISABILITY***

The Center for Success (CFS) 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. Documentation should be submitted by an external, qualified provider, as documentation from the University Counseling Center typically cannot be used on its own to support an accommodation request. If you have any questions pertaining to documentation needs, feel free to contact the Accessibility Coordinator at (740) 284-5358 or email [accessibility@franciscan.edu](mailto:accessibility@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 \*\*\*

*The provider should refrain from restating the student's self-report (e.g., "student reports," "student endorses"); Accessibility Services requires objective diagnostic impressions. Note: Documentation based on a single encounter conducted solely to obtain a diagnosis may not provide enough information to establish a non-observable disability or an accommodation need and may require additional documentation.*

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 Accessibility Services Application (found on the FUS website or on the Port). If you have questions regarding this form, please call Accessibility Services at 740-284-5358.***