



Provision of all reasonable accommodations and services is based upon the current impact of the disability on academic performance. Recent and appropriate documentation must be provided. In most cases, this means that a diagnostic evaluation has been completed within the past three to five years. Flexibility in accepting documentation which exceeds a three to five year period may be appropriate on a case by case basis. If the documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, reevaluation may be needed. The diagnosing professional must be an impartial individual who is not a family member of the student.

Documentation must include:

- A specific, current psychiatric diagnosis as per the DSM-5 criteria which indicates the nature, frequency and severity of the symptoms.
- A clinical summary must include what substantial limitations to major life activities. A clinical summary should also describe to what extent these limitations may impact the the student's academic experience.
- If applicable, documentation could include prescribed medications, dosages, and schedules which may influence the types of accommodations provided.

Recommendations for Specific Reasonable Accommodations:

- Should address the current and substantial impact of the disability on the student's academic functioning.
- Should recommend reasonable accommodations pertaining to the individual's classroom, campus and housing needs.
- How the effects of the disability are mediated by the recommended accommodations.

Medical or Psychiatric Professionals: To assist students in providing this information, please fill out our [Psychiatric Disability Verification Form](#), which can also be found in the documentation guidelines and form section of our website.

Please send documentation to:
WPI Office of Accessibility Services
Unity Hall - 5th Floor
Worcester, MA 01609
P: 508.831.4908, F: 508.831.4158
AccessibilityServices@wpi.edu

WPI Office of Accessibility Services

DISABILITY VERIFICATION FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

The student listed below is seeking disability-related accommodations at Worcester Polytechnic Institute (WPI). In order to establish eligibility, the student must provide current, comprehensive documentation that establishes the diagnosis(es) and describes the impact on major life activities, particularly learning. Students whose conditions create a substantial or severe limitation to learning or other major life activities may request modifications or accommodations to courses, programs, or activities at WPI.

This form should be completed by an appropriate licensed professional, such as the diagnosing psychiatrist, psychologist, clinical social worker, or licensed mental health counselor (LMHC). Alternatively, information about the student's condition(s) may be provided in letter format from the professional; such a letter should be typed on letterhead, signed, and include the credentials of the signer. The letter must include diagnostic information, note when the condition was diagnosed, and describe the severity and impact.

Students whose primary diagnosis is ADD/ADHD are asked to submit different documentation. You can find this information on our [Documentation Guidelines webpage](#).

STUDENT COMPLETES THIS SECTION

Permission to release information to Worcester Polytechnic Institute

Name (please print): _____ WPI Student ID#: _____

Permanent Address: _____ Campus Address (if known): _____

Student Primary Phone Number: _____

Signature: _____ **Date:** _____

PROFESSIONAL COMPLETES THIS SECTION

1. DSM-5 Diagnosis(es) [n/a for ADHD diagnosis – see above]

Level of Severity: Mild Moderate Severe

Global Assessment of Functioning Scale (if available): _____

2. History of Illness(es): Date of diagnosis: _____

Length and type of treatment: _____

Describe symptoms that meet criteria for this diagnosis(es) and approximate date of onset:

WPI Office of Accessibility Services

DISABILITY VERIFICATION FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

Has the student been hospitalized or used residential treatment for this disorder? If so, list approximate dates and length of stay:

Is the student currently on medication? Yes _____ No _____

Will student require local treatment/follow-up? Yes _____ No _____

If yes, have arrangements been made? Yes _____ No _____

3. Describe the student's functional limitations in an academic setting, and degree to which functioning is impaired; please include information about the impact of medication side effects, if relevant:

Do you have recommendations for accommodations and/or support services in the college environment?

Please attach any additional relevant information to explain the impact of this student's condition on functioning, such as diagnostic reports, etc.

Name, Title (please print): _____

Phone: _____ Address: _____

Signature: _____

Date: _____

Please send documentation forms to:

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