

# 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:

\_\_\_\_\_

\_\_\_\_\_

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

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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:

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

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**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: \_\_\_\_\_

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send documentation forms to:

**WPI Office of Accessibility Services**  
**Unity Hall - 5th Floor**  
**Worcester, MA 01609**  
**P: 508.831.4908, F: 508.831.4158**  
[AccessibilityServices@wpi.edu](mailto:AccessibilityServices@wpi.edu)