

WPI Office of Disability Services

DISABILITY VERIFICATION FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

The student listed below is seeking disability-related services and accommodations at Worcester Polytechnic Institute. 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 is not for use in requesting accommodations for ADHD. To learn more about eligibility and documentation for ADHD, please visit: <http://www.wpi.edu/+disabilities> and click on "Documentation Guidelines and Forms".

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 of it.

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 IV 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:

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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124 Daniels Hall
Worcester, MA 01609
P: 508.831.4908, F: 508.831.4158
DisabilityServices@wpi.edu