BAKER COLLEGE
Office of Disability Services

Disability Verification Form

Disability Services provides academic accommodations for students with diagnosed disabilities. The documentation must demonstrate a disability as covered under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act Amendment Act (ADA-AA). The ADA-AA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

The outline below has been developed to assist the treating or diagnosing healthcare professional (psychiatrist, psychologist, counselor, therapist, social worker, medical doctor, optometrist, speech-language pathologist, etc.) in providing the specific information needed to evaluate eligibility for academic accommodations.

A. **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These persons are generally trained, certified, or licensed to diagnose medical and/or mental health conditions.

B. **All parts of the form must be thoroughly completed.** Inadequate information, incomplete answers, and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.

C. **The healthcare provider should attach any reports which provide additional related information (e.g. psychoeducational assessments, neuropsychological test results, Individualized Education Programs, etc.).** If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation in lieu of this form. In addition to the requested information, please attach any other information you think would be relevant in the determination of reasonable and appropriate accommodations.

D. **The information you provide will be kept in the student's file at Disability Services, where it will be held securely and confidentially.** This form may be released to the student at his/her request.

If you have questions regarding this form, please call Disability Services or email them at: disability_specialist@baker.edu. Thank you for your assistance.

BAKER COLLEGE
Office of Disability Services

Disability Verification Form

Student information
This section to be completed by the student.
(Please Print Legibly or Type)

First Name:	**Last Name:**
Date of Birth:	**Student UIN:**
Phone:	**Baker Email:**
Address:	

_____
_____

HEALTHCARE PROVIDER INFORMATION
This section to be completed by the qualifying professional only.

(Please sign and date below and completely fill in all other fields using PRINT or TYPE)

Provider Name (print):	**Date:**
Title:	
License or Certification Number:	**State of Licensure:**
Address:	
Phone Number:	**Fax Number:**
Provider Signature:	

BAKER COLLEGE
Office of Disability Services

DIAGNOSTIC INFORMATION
(Please print legibly or type)

Date of Diagnosis: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

What is the severity of the disorder? ☐ Mild ☐ Moderate ☐ Severe

Date of last evaluation or consultation: _____

If last consultation was more than one year prior to the completion of this form, please explain:

_____

_____

_____

_____

Please state the medication or treatment the student is currently prescribed. Include potential medication side effects and how they may impact academic functioning:

_____

_____

_____

_____

_____

_____

BAKER COLLEGE
Office of Disability Services

Behavior-Related Symptoms

Current Symptoms and Degree of Severity (check only those that apply)

N/A ☐ (check if this section not applicable)

	Mild	Moderate	Severe
Sleep issues-(i.e. trouble falling asleep, staying asleep, waking early)	1	2	3
Needs less sleep	1	2	3
Low/decreased motivation	1	2	3
Loss of interest	1	2	3
Guilt/worthlessness	1	2	3
Loss/lack of energy	1	2	3
Appetite/weight gain or loss	1	2	3
Psychomotor slowing	1	2	3
Decreased judgment	1	2	3
Suicide ideation or plan	1	2	3
Self-damaging behavior	1	2	3
Self-cutting or burning	1	2	3
Avoidance behavior	1	2	3
Repetitive behaviors—(rituals)	1	2	3
Lack of empathy/remorse	1	2	3
Lack of concern of safety for self or others	1	2	3
Other:	1	2	3

Anxiety-Related Symptoms

Current Symptoms and Degree of Severity (check only those that apply)

N/A ☐ (Check if this section not applicable)

	Mild	Moderate	Severe
Sweating	1	2	3
Trembling	1	2	3
Palpitations	1	2	3
Nausea/chills	1	2	3
Choking/chest pain	1	2	3
Fear of dying/going crazy	1	2	3
Anticipatory anxiety	1	2	3
Avoidance	1	2	3
Agoraphobia	1	2	3
Restless/edgy	1	2	3
Excessive worry	1	2	3
Easily fatigued	1	2	3
Muscle tension	1	2	3
Hyper-arousal ^ vigilance/startle	1	2	3
Fear of embarrassment	1	2	3
Fear of humiliation	1	2	3
Experienced or witness a traumatic event	1	2	3
Persistent re-experiencing of event	1	2	3
Dreams/flashbacks	1	2	3
Other:	1	2	3

Mood-Related Symptoms

Current Symptoms and Degree of Severity (check only those that apply)

N/A ☐ (check if this section not applicable)

	Mild	Moderate	Severe
Low mood for at least two weeks or more	1	2	3
Labile mood	1	2	3
Irritability	1	2	3
Elevated mood	1	2	3
Feelings of grandiosity	1	2	3
Intense anger/outbursts	1	2	3
Increased energy or activity	1	2	3
"high risk" behavior	1	2	3
Hopelessness	1	2	3
Helplessness	1	2	3
Aggressiveness/violence	1	2	3
Other:	1	2	3

Cognitive-Related Symptoms

Current Symptoms and Degree of Severity (check only those that apply)

N/A ☐ (check if this section not applicable)

	Mild	Moderate	Severe
Concentration	1	2	3
Distractibility	1	2	3
Speedy talking	1	2	3
Speedy thoughts	1	2	3
Hallucinations	1	2	3
Delusions	1	2	3
Disorganization of thought, speech or behavior	1	2	3
Rumination and/or preservative thoughts	1	2	3
Thoughts seen as excessive or irrational	1	2	3
Intrusive/persistent thoughts	1	2	3
Other:	1	2	3

Self-Image-Related Symptoms

Current Symptoms and Degree of Severity (check only those that apply)

N/A ☐ (Check if this section not applicable)

	Mild	Moderate	Severe
Specific phobias	1	2	3
Extreme sensitivity to criticism	1	2	3
Concerns with appearance or a certain body part	1	2	3
Binging/purging	1	2	3
Distortion of body image	1	2	3
Issues around abandonment/rejection	1	2	3
Unstable relationships	1	2	3
Chronic emptiness	1	2	3
Low self-esteem	1	2	3
Impulsivity	1	2	3
Other:	1	2	3

History

Current Symptoms and Degree of Severity (check only those that apply)

N/A ☐ (Check if this section not applicable)

	Mild	Moderate	Severe
Childhood conduct issues	1	2	3
Underachievement in relation to abilities	1	2	3
K-12 school issues	1	2	3
Post-secondary education issues	1	2	3
Legal trouble	1	2	3
Other:	1	2	3

Substance Abuse / Addictions

Current Symptoms and Degree of Severity (check only those that apply)

N/A ☐ (Check if this section not applicable)

	Mild	Moderate	Severe
Use of alcohol	1	2	3
Use of marijuana	1	2	3
Use of other recreational or “street” drugs	1	2	3
Abuse of prescription medication	1	2	3
Use of social media or computer gaming	1	2	3
Other:	1	2	3
Other:	1	2	3
Other:	1	2	3

Impairment

Degree that the student is impaired in these different contexts (check only those that apply)

	Mild	Moderate	Severe
Self	1	2	3
Family	1	2	3
School	1	2	3
Peers/Friends	1	2	3
Intimate Relationships	1	2	3
Work/Employment	1	2	3
Other Social Networks (church, fraternal organizations, etc.)	1	2	3

Please provide a detailed and comprehensive summary of how, in a College educational environment, this student's disability impacts his/her ability to learn; i.e. how does it impact learning, test taking, social interactions, and overall behavioral functioning:

Please add any additional comments that you feel will assist in determining reasonable and appropriate accommodations.

NOTE: Please attach the student's most recent assessment or evaluation and any psychological testing, screening or behavioral measures used to support the diagnosis to the back of this form. Thank you.