



UC Clermont Disability Services Office

VERIFICATION OF A PSYCHOLOGICAL DISABILITY

The Disability Services Office at the University of Cincinnati provides accommodations to students with a variety of psychological disabilities. To determine eligibility for services, this office requires current and comprehensive documentation of the condition from a licensed mental health professional.

Please answer the following questions pertaining to: _____

SSN#: _____

Primary Diagnosis (Include DSM-IV-TR axes as appropriate): _____

Date of diagnosis: _____ Date of last contact with student: _____

Describe symptoms/behavioral manifestations associated with diagnosed condition. _____

List prescribed medication(s), dosage, frequency, and adverse side effects (if applicable). _____

Does this condition or medication prescribed for this condition cause substantial limitations in the academic environment? If yes, please describe: _____

The following academic accommodations may or may not be appropriate for this student. Please indicate those which you believe will reduce the impact of symptoms, medication side effects, and/or behavioral issues in the academic environment.

- Peer Notetaker
- Use of an in-class tape recorder
- Distraction-free testing environment
- Extended Testing Time _____+50% _____+100%

Other: _____

Licensed Professional's Signature: _____ Date: _____

Name and Title (print): _____

Address: _____

Office Phone: _____

Please send completed form and any other relevant material (i.e. results of psycho-educational testing) to:

Jennifer Radt
Director of Disability Services
UC Clermont
4200 Clermont College Drive
Batavia, OH 45103

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Fax: (513) 732-5303