



COLORADO CHRISTIAN UNIVERSITY
Grace and Truth

Verification Form for Psychological Disabilities

Colorado Christian University strives to ensure that qualified students with psychiatric disabilities are accommodated and if possible that these accommodations do not jeopardize successful therapeutic interventions. The office does not modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life function.

Colorado Christian University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the University programs and services. Federal law defines a disability as “a physical or mental impairment that substantially limits one or more major life activities.” Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. It is important to note that a mental disorder in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to “substantially limit” one or more major life activities. This form is designed to allow us to achieve these goals.

Students who wish to receive academic adjustments due to a psychiatric disability need to have this form filled out by a **psychiatrist, licensed psychologist, certified social worker (CSW or ACSW) or licensed professional counselor**. The professional completing this form must have first hand knowledge of the student’s condition, and must be an impartial professional who is not related to the student.

Release of Information

I, _____, hereby authorize the exchange and release of the following confidential information to the Life Directions Center and Colorado Christian University for the purpose of determining my eligibility for educational accommodations.

Date

Student’s Signature

Student Information (this section to be completed by the student)

Student Name: _____ Student ID: _____

Date of Birth: _____ Phone: (_____) _____

CCU Box # or Address: _____

Major: _____

Class Status: Freshman Sophomore Junior Senior Transfer New Student
 Returning Student

Documentation Guidelines for Psychiatric/Psychological Disabilities

(Includes but is not limited to: Depressive Disorders, Post-Traumatic Stress Disorder, Bipolar Disorders, and Dissociative Disorders)

A diagnosis by a licensed mental health professional including **licensed clinical social workers (LCSW), licensed professional counselor (LPC), psychologists, psychiatrists, or neurologists** is required and must include the license number. The diagnostician must be an impartial individual who is not a family member of the student.

The following documentation requirements will assist the service provider in collaborating with each student to determine appropriate accommodations. Documentation serves as the foundation that supports a student's request for appropriate accommodations. Recommended documentation includes all of the following:

1. A clear statement of the disability, including the DSM-IV diagnosis and a summary of presenting symptoms;
2. Documentation for eligibility must reflect the current impact the psychiatric/psychological disability has on the student's functioning, (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's request for accommodations);
3. A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results, including standardized or percentile scores;
4. Medical information relating to the student's needs must include the impact of the current medications (and compliance with) to meet the demands of the postsecondary environment;
5. A statement of the functional impact or limitations of the disability on learning or other major life activities and how it impacts the individual in the learning environment. Include the degree of the impact as compared to the average person, i.e. mild, moderate or severe.

Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated. The student and CCU's Disability Coordinator will collaborate regarding accommodations with the final decision made by the disability specialist.

Certifying Professional

Name: _____

Credentials: _____

Address: _____

Phone: (_____) _____ Fax: _____

License/Certification number and state of licenser: _____

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

Multi-axial DSM IV diagnosis:

Axis I _____

Axis II _____

Axis V _____

Date of Diagnosis: _____

Basis on which diagnosis was made: _____

If psychological tests were used please include all scores used to support the diagnosis:

Current medications including dosage and side effects: _____

Long-term medication plan: _____

Current compliance with medication plan: Yes No Other _____

Prognosis for medication plan (Include likelihood of improvement or further deterioration and within what approximate time frame): _____

Planned therapeutic interventions: _____

Prognosis for therapeutic interventions (Include likelihood for improvement or further deterioration and within what approximate time frame): _____

Current compliance with therapeutic interventions: Yes No Other _____

Does this person currently pose a threat to him/herself or others? If so please specify in what ways (continue on back if needed): _____

History of hospitalization: _____

Implications for Educational Success

Learning abilities specific to the post-secondary environment that are impaired by the psychological disability (e.g. difficulty with concentration, slow processing speed, etc.)

Implications for taking exams and other classroom activities caused by the disability or treatment. Please describe and explain why: _____

Suggested accommodations

Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed.

Extension of time to complete exams Yes No

Why? _____

Quiet room in which to take exams Yes No

Why? _____

Other (please specify) _____

Why? _____

(Final determination of appropriate accommodations will be determined by our office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.)