

## Verification of Psychological Disability Qualified Professional's Statement

### Services for Students with Disabilities

1400 East Hanna Avenue  
Schwitzer #206  
Indianapolis, Indiana 46227-3697  
(317) 788-6153 Fax: (317) 788-6117

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Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

The University of Indianapolis student named above is requesting accommodation(s) due to his/her psychiatric disability. For the accommodation request to be considered, the University policy requires that current medical verification of the psychiatric disability be provided by a qualified professional. In order to be considered current, the qualified professional's statement must be **within 6 months** prior to the date of the accommodation request. The qualified professional(s) conducting the assessment and rendering the diagnosis must be qualified to do so. These typically include licensed psychologists and licensed psychiatrists.

Under the Americans with Disabilities Act, an individual with a disability means any person whom:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or,
3. Is regarded as having such impairment, whether he/she has the impairment or not.

"Major life activities" includes caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, and working as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

To facilitate the gathering of such critical information, please respond to the following questions, attach any appropriate diagnostic reports, and return to the University of Indianapolis, Services for Students with Disabilities, Schwitzer Student Center, Room 206:

### Please provide the following information:

Specific DSM-IV Diagnosis: \_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

\_\_\_\_\_

Evaluations must be comprehensive in nature including review of past psychiatric history, family psychiatric history, and medical history. Please state the methods used to evaluate the disability, including but not limited to structured or non-structured clinical interview, projective measures, and/or objective personality instruments such as MMPI-2. Assessment instruments utilized must be statistically reliable and valid and have age appropriate norms. Please describe and attach appropriate documentation:

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Specify the manner in which the student's disorder substantially interferes with the student's educational progress:

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State recommended accommodation(s) that the student requires. If relevant to the accommodation, include information about medications. These recommendations must be specifically related to the diagnosis.

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Is there any other diagnosis that we need to be aware of: \_\_\_\_\_

**Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

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

**Daytime Telephone Number:** \_\_\_\_\_

Return this verification form and **attach copies** marked confidential to:

University of Indianapolis  
Services for Students with Disabilities  
1400 East Hanna Avenue  
Schwitzer #206  
Indianapolis, IN 46227

*Note:* It may be necessary to re-submit documentation for conditions not of a chronic nature.

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