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Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS
Division of Student Affairs

707.664.2677 • Fax 707.664.3330 • Dial 711 for Relay
www.sonoma.edu/dss

Psychological/Psychiatric/Neurological Disabilities Verification Form

The student named below has applied for services from the Disability Services for Students office at Sonoma State University. In order to determine eligibility and provide services, we require documentation of the student’s psychological disability.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please mail or FAX it to us at the address listed above in our letterhead. The information you provide will not be part of the student’s educational records, but will be kept in the students file in the DSS office, where it will be kept strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student’s academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student’s Name: _____ Date of Birth: _____

Today’s Date: _____ Date of Diagnosis (Below): _____

Date Student was last seen: _____ Length of Services: _____

DSM 5 Diagnosis:

DSM -IV Diagnosis:

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V (GAF score): _____

1. Rgcug'ej gen'vj g'b clqt 'llg'cevkslgu'flwgf 'dgnny 'that'et g'clhgev'f 'dy'vj g r u(ej qmi lecn' qt 'pgwt qmi lecn'condition0'Rgcug'lpf lecv'vj g'igxgn'q'hlko kvkqp0

Lih'Ce'vkslgu	No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating				
Memorization				
Sleeping				
Eating				
Social Interaction				
Self-care				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Making and keeping appointments				
Stress management				
Organization				

2. Please describe the effect the condition has on academic performance (e.g., concentration, reading, thinking, learning, etc.) and attendance.

3. Are there other specific symptoms that might affect the student's academic performance?

4. If the student is prescribed medication related to this condition, please indicate the possible side-effects on academic performance and/or attendance.

5. Is this condition permanent or temporary?

Permanent

Temporary

6. If the condition is temporary, when will the functional limitations associated with the condition be resolved?

The diagnosing professional must have expertise in the differential diagnosis of the documented disability and follow professional practices in the field.

Certifying Professional:

Signature of Medical Professional:

Date:

Printed name:

License number:

Address:

Telephone:

Fax: