THE UNIVERSITY OF CHICAGO

Campus & Student Life
Student Disability Services

5501 S. Ellis Avenue, Chicago, IL 60637 • 773.702.6000 • disabilities.uchicago.edu

CLINICAL VERIFICATION FORM: DIAGNOSED PSYCHOLOGICAL DISABILITIES

STUDENT INFORMATION

Student Name: ______________________ ____________________________
(First) (Last)

DOB: ______________________
(MM/DD/YYYY)

CLINICIAN CERTIFICATION INFORMATION

Provider Name: ______________________ ____________________________
(First) (Last)

License/Certification Number and Issuing State: ____________________________

Provider Email: ____

Provider Address: ____
(Street Address)

____
(City) (State/Region) (Zip Code) (Country)

Provider Phone: ____________________________

PROFESSIONAL ASSESSMENT

Date of Initial Contact with Student: ________________
(MM/DD/YYY)

Date of Most Recent Formal Contact/Appointment with Student: ________________
(MM/DD/YYY)

Approximate Frequency of Contact with Student since Initial Contact:

Date of Completion of this Form: ________________
(MM/DD/YYY)

Student’s DSM-5 Diagnosis/Diagnoses and Diagnostic Code(s):

Relevant Student History:

Onset of Student’s Current Diagnosed Disability:

Summary of Student’s Present Symptoms:

Assessment Procedures and Evaluation Methods Used to Determine Diagnosis:

Prognosis:

Is the student’s condition currently stabilized?

Yes No

Please explain:

TREATMENT/MEDICATION INFORMATION

Describe the student's current medication regimen, relevant side-effects, and how the medication is expected to affect the student's academic performance:

How long has the student been taking this medication?

Is the student still adjusting to, or stabilized on, the medication(s)?

Still adjusting   Stabilized

Please describe:

INFORMATION TO SUPPORT ACCOMMODATION REQUEST(S)

Describe the student's functional limitations within an educational setting.

Describe the student’s functional limitations within a social setting.

Please describe the student’s adaptive functioning.

What recommendations do you have, if any, to equalize the student’s educational opportunities at the university level (these may be accommodations related to exam administration, classroom or laboratory activities, course requirements, etc.)?

______________________________ ______________________

(Signature) (Date)