



Services for Students with Disabilities

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Disability Verification Form

(Mental Health, ADHD, Autism Spectrum Disorders, Acquired or Traumatic Brain Injuries)

The University of Michigan is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective accommodations, auxiliary aids and services for qualified students with documented disabilities. The purpose of these services is to provide equitable access to all aspects of the University's programs. 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 any diagnosed condition 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.

The Office of Services for Students with Disabilities (SSD) strives to insure that qualified students are accommodated and, if possible, that these accommodations do not jeopardize successful therapeutic interventions. The office cannot 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. This form is designed to allow us to achieve these goals. Students who wish to receive academic adjustments due to an ADHD, autism spectrum disorder, traumatic/acquired brain injury and/or a mental health condition need to have this form filled out by a psychiatrist, neurologist, licensed psychologist, certified social worker (CSW or ACSW) or licensed professional counselor. The professional completing this form must have firsthand knowledge of the student's condition, must have experience diagnosing and treating college students, and will be an impartial professional who is not related to the student.

This form must be filled out completely and accurately. If this form is filled out insufficiently it may cause a delay in your client/patient receiving needed accommodations. If you are filling this form out for a graduate or professional student you should refer back to the program's technical standards, if they have any, or the program description to best assure that you can address the student's ability to meet the essential functions of the program with or without accommodations.

Student Information (this section to be completed by the student)		
Last name:	First:	Middle Initial:
Student number:	Date of Birth:	
Address:		
City:	State:	Zip code:
Phone number:	Email address:	

Certifying Professional (this section is to be filled out by the verifying professional)		
Name:		
Credentials:		
Address:		
City:	State:	Zip code:
Phone number:	Email address:	
License/Certification number:	State of Licensure:	
Years of experience working with a college aged or adult population:		
Date of initial contact with student:		
Date of last contact with student:		
If more than one year prior to completion of this form, please explain.		

DSM or ICDM Diagnosis:

Behavior-Related Symptoms Current Symptoms and Degree of Severity (circle only those that apply)	N/A (circle if this section not applicable)		
	Mild	Moderate	Severe
Sleep issues-(i.e. trouble falling asleep, staying asleep, waking early)	1	2	3
Needs less sleep	1	2	3
Low/decreased motivation	1	2	3
Loss of interest	1	2	3
Guilt/worthlessness	1	2	3
Loss/lack of energy	1	2	3
Appetite/weight gain or loss	1	2	3
Psychomotor slowing	1	2	3
Decreased judgment	1	2	3
Suicide ideation or plan	1	2	3
Self-damaging behavior	1	2	3
Self-cutting or burning	1	2	3
Avoidance behavior	1	2	3
Repetitive behaviors—(rituals)	1	2	3
Lack of empathy/remorse	1	2	3
Lack of concern of safety for self or others	1	2	3
Other:	1	2	3

Anxiety-Related Symptoms

Current Symptoms and Degree of Severity (circle only those that apply)	N/A (Circle if this section not applicable)		
	Mild	Moderate	Severe
Sweating	1	2	3
Trembling	1	2	3
Palpitations	1	2	3
Nausea/chills	1	2	3
Choking/chest pain	1	2	3
Fear of dying/going crazy	1	2	3
Anticipatory anxiety	1	2	3
Avoidance	1	2	3
Agoraphobia	1	2	3
Restless/edgy	1	2	3
Excessive worry	1	2	3
Easily fatigued	1	2	3
Muscle tension	1	2	3
Hyper-arousal ^ vigilance/startle	1	2	3
Fear of embarrassment	1	2	3
Fear of humiliation	1	2	3
Experienced or witness a traumatic event	1	2	3
Persistent re-experiencing of event	1	2	3
Dreams/flashbacks	1	2	3
Other:	1	2	3

Mood-Related Symptoms

Current Symptoms and Degree of Severity (circle only those that apply)	N/A (circle if this section not applicable)		
	Mild	Moderate	Severe
Low mood for at least two weeks or more	1	2	3
Labile mood	1	2	3
Irritability	1	2	3
Elevated mood	1	2	3
Feelings of grandiosity	1	2	3
Intense anger/outbursts	1	2	3
Increased energy or activity	1	2	3
“high risk” behavior	1	2	3
Hopelessness	1	2	3
Helplessness	1	2	3
Aggressiveness/violence	1	2	3
Other:	1	2	3

Cognitive-Related Symptoms

Current Symptoms and Degree of Severity (circle only those that apply)	N/A (circle if this section not applicable)		
	Mild	Moderate	Severe
Concentration	1	2	3
Distractibility	1	2	3
Speedy talking	1	2	3
Speedy thoughts	1	2	3
Hallucinations	1	2	3
Delusions	1	2	3
Disorganization of thought, speech or behavior	1	2	3
Rumination and/or preservative thoughts	1	2	3
Thoughts seen as excessive or irrational	1	2	3
Intrusive/persistent thoughts	1	2	3
Other:	1	2	3

Self-Image-Related Symptoms

Current Symptoms and Degree of Severity (circle only those that apply)	N/A (Circle if this section not applicable)		
	Mild	Moderate	Severe
Specific phobias	1	2	3
Extreme sensitivity to criticism	1	2	3
Concerns with appearance or a certain body part	1	2	3
Binging/purging	1	2	3
Distortion of body image	1	2	3
Issues around abandonment/rejection	1	2	3
Unstable relationships	1	2	3
Chronic emptiness	1	2	3
Low self-esteem	1	2	3
Impulsivity	1	2	3
Other:	1	2	3

History

Current Symptoms and Degree of Severity (circle only those that apply)	N/A (Circle if this section not applicable)		
	Mild	Moderate	Severe
Childhood conduct issues	1	2	3
Underachievement in relation to abilities	1	2	3
K-12 school issues	1	2	3
Post-secondary education issues	1	2	3
Legal trouble	1	2	3
Other:	1	2	3

Substance Abuse / Addictions

Current Symptoms and Degree of Severity (circle only those that apply)

N/A (Circle if this section not applicable)		
Mild	Moderate	Severe
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3
1	2	3

Impairment

Degree that the student is impaired in these different contexts (circle only those that apply)

	Mild	Moderate	Severe
Self	1	2	3
Family	1	2	3
School	1	2	3
Peers/Friends	1	2	3
Intimate Relationships	1	2	3
Work/Employment	1	2	3
Other Social Networks (church, fraternal organizations, etc.)	1	2	3

Please list all of the medication(s) that this student is on, side effects typically associated with the medication and what, if any, negative effects that this/these medication(s) may have on this student's ability to learn and function in an academic setting.

1)	
2)	
3)	
4)	

One of the major tasks of the Services for Students with Disabilities Office is to make a determination regarding academic accommodations. In order to make such a determination and establish what constitutes reasonable and appropriate academic accommodations, we need to understand the level and degree of impairment caused by the student’s disability. Please provide a detailed and comprehensive summary of how, in a University educational environment, this student’s disability impacts his/her ability to learn. Give specific examples based upon your direct observation, reports by parents, significant others, teachers or employers and any documented records that you may have in your possession:

NOTE: Please attach the student’s most recent assessment or evaluation and any psychological testing, screening or behavioral measures used to support the diagnosis to the back of this form. Thank you.