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Katrina Durham, MS
 Director of Accommodation Services

Verification of Psychological Disability

Student Name _____ Date of Birth _____

I am requesting support through Accommodation Services at UMass Chan Medical School. This requires current and comprehensive documentation of my diagnosis/disability as one of the criteria used to evaluate my potential eligibility for reasonable accommodations/services. I hereby authorize you to complete the following questions and return promptly to the Director of Accommodation Services. I further authorize the Director to contact the provider listed below if clarification is needed.

Student Signature _____ Date _____

Mental Health Provider Name _____

Title _____

Organization and Address _____

Phone _____ email _____

THE AREA BELOW MUST BE COMPLETED BY THE PROVIDER LISTED ABOVE

1. Date of Diagnosis _____ Date last seen _____

2. DSM-V Diagnosis: Please list the diagnoses in order of importance, with the principle diagnoses listed first.

3. What were the assessment/evaluation procedures used to make the diagnosis? Please provide historical data that was considered in making the diagnosis.

4. Please indicate the major symptoms of the disorder currently manifested including severity:

Symptom	Mild	Moderate	Severe

5. Please describe course of treatment with you?

6. Explain the impact of this condition on the student's ability to learn and or meet the demands of the medical school setting/clinical requirements.

7. Recommendations for potential reasonable accommodations:

Signature of Mental Health Provider: _____

Date

License type/number: _____