BSU Disability Verification Form: Provider Information and Form Documentation of Psychiatric Condition(s).

Please ensure that your clinician follows the stated guidelines and is qualified to provide the necessary information. See the last page of this document for a list of recommended/acceptable practitioners

Disability Support Services at Bowie State University (BSU) provides academic, housing/dining, and programmatic accommodations for students with documented disabilities as defined under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, including learning.

Academic adjustments and other accommodations are intended to provide equal access to university programs and services. To determine reasonable and appropriate accommodations, BSU students must submit documentation that clearly specifies the presence of a disability and provides recommendations for accommodations suitable for a college setting, based on significant functional limitations (e.g., the impact of the diagnosed condition on current functioning).

Please note that a prior history of receiving accommodations does not guarantee that accommodations will be provided at BSU.

IMPORTANT: You have been asked to provide comprehensive documentation by your patient/client who has requested accommodations at BSU.

Please see https://www.bowiestate.edu/academics/support-services/disability-support-services/ for more information.

Documentation of psychiatric and mental health conditions should be current within one year of the request for accommodations, even if the condition is longstanding in nature.

The evaluation must be performed by a professional who has training and direct experience diagnosing or treating young adults' psychiatric conditions. This would include psychiatrists, neurologists, clinical psychologists, neuropsychologists, etc.

Diagnostic reports must be on official letterhead and include the evaluator's name, title, and professional credentials. All reports must be signed and dated.

Components of Documentation:

Diagnosis – a complete diagnosis with an accompanying description of the specific

symptoms experienced by the student and their impact on academic, social, behavioral and emotional functioning. The diagnosis should be based upon a comprehensive clinical interview, review of personal and family history, and, where clinically appropriate, formal psychological, educational, or neuropsychological testing. **Attach standardized assessments as appropriate.**

Current Treatment – Identification of treatment, medications, or other services and/or interventions currently prescribed or in use, which might warrant accommodation (such as medication side effects).

Evaluation of Impact – Identification of the substantial limitation on a major life activity presented by the disability, and a description of the current functional impact of the disability in a college setting. The assessment should validate the need for services based on the impact of the student's disability and level of functioning in an educational setting.

Specific Recommendations – Suggested accommodations and/or academic adjustments, with an explanation supporting the need for each accommodation to achieve equal access. Diagnostic information must support the need for the requested accommodations.

Please refer to the additional information pertaining to each applicable disability in the subsequent sections.

I. Supplemental Information for Documentation of Psychiatric Disorders:

Please indicate current and historical (as relevant) psychiatric or mental health conditions that you have assessed, diagnosed, or treated in this individual:

a) Current symptoms which are 1) persistent and 2) cause significant distress and/or impairment in functioning in social, work, family, and/or interpersonal activities.

b) Symptom onset and duration. Note that temporary conditions and active substance use may not qualify as a disability.

c) Symptom severity

d) Specific current DSM diagnoses (indicate all that apply)

   a. mood disorders (depression, mania, or bipolar or mixed mood disorder)

   b. anxiety disorders (generalized, specific phobias, obsessive compulsive disorder, mixed)

   c. psychotic disorders (schizophrenia spectrum disorders, brief psychotic disorders, psychotic mood disorders, delusional disorder, substance-induced psychotic disorder, psychotic disorder due to medical condition).

   d. Current treatment (including treatment side effects which might warrant accommodation)

Current DSM diagnoses (indicate all that apply)

Overall severity of conditions(s): mild, moderate, severe

Date of initial diagnosis

Date of current diagnosis

Period under your care for this condition

II. Functional Impact of Diagnosed Disorder(s) (all diagnoses):

***Please indicate all the following as appropriate to describe the patient's current functional limitations in the university setting**:*

Difficulties with executive functioning:

Attention, focus, and concentration
Organization
Distracted by internal or external stimuli
Time management, long-range planning
Task completion
Working memory
Flexibility
Reflection and adaptation

Difficulties with self-regulation:

Emotional control
Behavioral control
Impulse control
Maintaining motivation
Self-monitoring

Difficulty with social communication and interpersonal function:

Communicating with faculty/staff/peers
Making friends, fitting in with peers
Collaboration and working in groups
Speaking or presenting in public
Clear or coherent verbal communication
Nonverbal communication

Difficulty with information processing:

Critical thinking
Applying logical reasoning
Breaking down complex problems
Information gathering and analysis
Drawing inferences
Connecting information across different modalities (e.g., reading, lecture, etc.)
Simultaneous listening and taking notes

Other (please describe):

Sensory processing (over- or under-reactive to stimuli)

Social anxiety
General anxiety
Isolated
Depressed or low mood
Suicidal thoughts/gestures/actions
Self-harm
Vulnerability to stress
Adapting to change

III. Please provide any additional information/context as appropriate concerning the student's functional limitations. Attach any standardized assessments, including score summaries as appropriate

IV. Recommendations for Accommodations. Please provide specific recommendations for accommodations that address the indicated functional limitations:

Academic (including test taking):
Classroom:
Social and co-curricular:
Housing & Residential:

ATTENTION PROVIDER:

The information provided serves to verify that the individual referenced has received a clinical diagnosis of psychiatric condition(s).

***Furthermore, please affirm that you are a licensed and credentialed professional authorized to render such a diagnosis.**

***Please ensure to include the following information in the documentation-**

Provider Name:
Title:
State of licensure:
License #:
Practice Name and Address:
Phone:
Email:
Provider Signature (REQUIRED):
Date of Signature

How to Obtain Documentation:

The professional completing the documentation should be a provider with comprehensive training and experience in the relevant specialty, who holds appropriate licensure and/or certification, has an established relationship with the student, and knows the extensive history and functional limitations of the student's condition(s).

The following practitioners are acceptable to provide documentation on the respective disabilities or conditions (all must be appropriately credentialed and licensed in their respective fields):

Recommended Practitioners for Accepted Documentation

Disability or Condition	Acceptable Practitioner
Attention Deficit Hyperactivity Disorder	Neuropsychologist, Clinical Psychologist, Psychiatrist, Neurologist, Neurodevelopmental Physician
Chronic Illness/Health	Gastroenterologist, Rheumatologist, Endocrinologist, Internal Medicine, or other physician knowledgeable of the condition
Developmental Disability	Neuropsychologist, Psychiatrist, Clinical Psychologist, Neurodevelopmental Physician
Head Injury/TBI	Neurologist, Neuropsychologist to include general medical physicians
Hearing	Audiologist (CCC-A), Otolaryngologist
Learning Disabilities	School Psychologist, Clinical Psychologist, Neuropsychologist, Neurodevelopmental Physician
Mental Health or Psychiatric	Psychiatrist, Clinical Psychologist, Social Worker (LCSW), Licensed Professional Clinical Counselor, Psychiatric Nurse Practitioner, licensed
Mobility/Physical	Physical Therapist, Orthopedic Surgeon, or other physician knowledgeable of the condition
Speech and Communication Conditions	Speech Language Clinician
Vision	Optometrist, Ophthalmologist