

UNIVERSITY OF INDIANAPOLIS

DISABILITY RESOURCES & BUILD

Verification of Psychological Disability

Disability Resources and Build

1400 East Hanna Avenue
Schwitzer 001
Indianapolis, Indiana 46227-3697
(317) 788-3526
Email: ssd@uindy.edu

Qualified Professional's Statement

Today's Date: _____

Student Name: _____

Home Address: _____

Telephone: _____

The University of Indianapolis student named above is requesting accommodation(s) due to his/her diagnosed disability under the Americans with Disabilities Act. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, the University policy requires that current and comprehensive verification be provided by a qualified professional. For specific documentation guidelines, visit www.uindy.edu/ssd.

To facilitate the gathering of such critical information, please respond to the following questions, attach any appropriate diagnostic reports, and return to the University of Indianapolis, Disability Resources and Build.

Please provide the following information:

DSM-IV Diagnosis: _____

Prognosis, if applicable: _____

Describe diagnostic evaluation methods, tests and dates of administration. Evaluations must be comprehensive in nature including review of past psychiatric history, family psychiatric history, and medical history. Please state the methods used to evaluate the disability, including but not limited to structured or non-structured clinical interview, projective measures, and/or objective personality instruments. Assessment instruments utilized must be statistically reliable and valid and have age appropriate norms. Please describe or attach appropriate documentation.

Specify the current functional limitations resulting from the disability (i.e., provide a clear sense of the severity or frequency of how the condition will impact the educational/residential setting):

Describe restrictions, if any: _____

Expected date restrictions will be lifted, if any: _____

Describe what, if any, accommodations would be reasonable and appropriate. These recommendations should logically relate and support the functional limitations in a classroom or residential setting.

If relevant to the accommodation(s), include information about medications _____

Professional's Signature: _____ **Date:** _____

Printed Name and Title: _____

Address: _____

Daytime Telephone Number: _____

Return this verification form and attach copies marked confidential to the address below or scan to ssd@uindy.edu:

University of Indianapolis
Disability Resources and Build
1400 East Hanna Avenue
Schwitzer 001
Indianapolis, IN 46227

Note: It may be necessary to re-submit documentation for conditions not of a chronic nature.

Disability Resources and Build will use the information on this form to determine the student's eligibility for disability support services. Disability Resources is committed to ensuring that all information and communication pertaining to a student's disability is kept confidential as required by law.