



CHOWAN UNIVERSITY

DOCUMENTATION VERIFICATION FOR PSYCHOLOGICAL DISABILITY

The Learning Center at Chowan University provides academic accommodations to students with disabilities that reflect a **current substantial limitation to a major life activity** as it relates to higher education. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis.

Name of Student: _____ **DOB:** _____

Social Security Number: _____

1. DSM IV Diagnosis: _____

Date of Diagnosis: _____ Last Contact with Student: _____

2. Please describe **symptoms** that meet the criteria for this diagnosis and report evaluation and assessment results.

A. Severity _____

B. Duration _____

C. Expected long-term impact _____

3. Please describe how this disorder exhibits itself as a **current substantial limitation to learning** in the college academic environment:

