

**Dutchess Community College  
Office of Accommodative Services**

**Disability Verification for Students with  
Psychological/Attention Deficit Disorders  
Medical, Sensory, and Health-Related Disabilities**

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number #** \_\_\_\_\_ **A #** \_\_\_\_\_

I hereby authorize (licensed professional) \_\_\_\_\_  
to release to \_\_\_\_\_ discuss with \_\_\_\_\_ The Dutchess Community College, Office of  
Accommodative Services the information specified below.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

To ensure the provision of reasonable and appropriate services for students with medical/health related, psychological or attention disorders at Dutchess Community College, a licensed professional (e.g., physician, psychiatrist, psychologist or certified social worker). You must provide current and comprehensive documentation of the student's disability and its potential impact in an academic environment.

1. Diagnosis of disorder/disability: \_\_\_\_\_

2. Date of Diagnosis: \_\_\_\_\_

3. Date of your last contact with the student: \_\_\_\_\_

4. What instruments/procedures were used to diagnose the disorder/disability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe the presenting symptoms of this disorder/disability.

\_\_\_\_\_  
\_\_\_\_\_

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6. Is this student currently taking medication for this disorder/disability? \_\_\_\_\_ No  
If yes, what is the medication? \_\_\_\_\_

Please describe any possible side effects of the medication.

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7. Please describe the impact of this disorder/disability on the student's academic performance so that we can determine the specific accommodations necessary.

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8. What academic accommodations (e.g. test modifications, classroom accommodations, adjusted course load, etc.) would you suggest to enhance this student's chances for success?

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9. Please attach any additional information that you believe to be relevant to meeting this student's disability-related academic needs.

**Signature:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return form to: Dutchess Community College, Office of Accommodative Services  
53 Pendell Road  
Poughkeepsie, N.Y. 12601  
845-431-8055 Fax: (888) 965-6996