

**Columbia International University**  
**Academic Success Center**  
**Verification of Emotional/Psychological Disability**

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Student's name: \_\_\_\_\_

CIU student ID #: \_\_\_\_\_ Today's date: \_\_\_\_\_

Semester services are requested for: \_\_\_\_\_

***My signature grants the release of the requested information to Columbia International University.***

Student's signature: \_\_\_\_\_

The above student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation from the Academic Success Center due to an emotional or psychological disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

In order to consider the request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, Columbia International University policy requires that a qualified professional provide current and comprehensive verification of the disorder.

Disability documentation should be current and relevant but not necessarily recent. The professional conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified professional includes a licensed psychologist, psychiatrist, or physician that follows DSM-V diagnostic procedures.

The documentation and information must be sufficient to support current functional limitations in a college academic and residential setting. The report should include a clearly stated diagnosis of impairment, severity and longevity of the condition, current medications and dosages, and instruments and procedures used for the evaluation. The report should also offer recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations related to the academic or residential environment.

To facilitate the gathering of such critical information, please respond to the following questions, attach the diagnostic report (s), and return to:

Lisa M. Lanpher, M.Ed.  
Academic Success Center Director  
Columbia International University  
7435 Monticello Rd.  
P. O. Box 3122  
Columbia, SC 29230-3122

Phone: (803) 807-5611  
Fax: (803) 807-5812  
e-mail: [lisa.lanpher@ciu.edu](mailto:lisa.lanpher@ciu.edu)  
Updated 092816

***Columbia International University***  
**Verification of Emotional/Psychological Disability**  
To be completed by a qualified professional

Please write legibly:

Student's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

1. DSM-V Diagnosis (Clinical/Other disorders related to disability accommodations):

**Diagnostic Code**                      **DSM-V Name**

\_\_\_\_ . \_\_\_\_                      \_\_\_\_\_

\_\_\_\_ . \_\_\_\_                      \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

2. Date of diagnosis: \_\_\_\_\_ Date of last assessment: \_\_\_\_\_

Approximate date of onset: \_\_\_\_\_

3. Condition severity (check one): \_\_\_\_ Mild      \_\_\_\_ Moderate      \_\_\_\_ Severe

Condition is considered (check one): \_\_\_\_ Temporary      \_\_\_\_ Permanent

4. Clinical tools that were used to assess the following (**attach diagnostic report including scores and interpretations**):

Attention: \_\_\_\_\_

Aptitude: \_\_\_\_\_

Achievement: \_\_\_\_\_

Social-Emotional Functioning: \_\_\_\_\_

Other: \_\_\_\_\_

5. Symptoms that meet the criteria for DSM-V diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Current medications, dosage and frequency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Possible impact and side effects of the medications identified above: \_\_\_\_\_

\_\_\_\_\_

**To be completed by a qualified professional**

8. In your professional opinion, how frequently are evaluations needed to maintain current functioning information for this client. \_\_\_\_\_  
\_\_\_\_\_

9. Provide a summary of the student's educational, medical, and family history that may relate to the diagnosis. Include specific information to demonstrate interference with educational achievement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Student's functional limitations in an educational setting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Student's functional limitations in a residential setting: \_\_\_\_\_  
\_\_\_\_\_

12. Your recommendations regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at Columbia International University (describe recommended aids): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Concerns you may have regarding the ability of this student to participate in higher education or the ability of the university to effectively accommodate the disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Attach and/or describe other information relevant to this student's academic adjustment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Professional's Area of Specialization: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

***Please complete the entire form, sign, and attach a diagnostic report and any other supporting documentation.***

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