

# Boston University

Office of the Dean of Students

Office of Disability Services  
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Boston University  
Office of Disability Services

## **INFORMATION FOR EVALUATORS OF STUDENTS WITH PSYCHIATRIC/PSYCHOLOGICAL DISABILITIES**

The Office of Disability Services ("Disability Services") provides academic accommodations and services to students with psychiatric/psychological disabilities. Students seeking accommodations must provide appropriate medical documentation of their disability so that Disability Services can: 1) determine the student's eligibility for accommodations; and 2) if the student is eligible, determine appropriate academic accommodations.

To verify the disability and its severity, Disability Services requires that a report of the student's evaluation be provided, as well as a completed and signed copy of the attached form. A professional with appropriate training and credentials must prepare the evaluation. Depending on the student's condition, an appropriate evaluator might be a licensed psychiatrist, psychologist, neuropsychologist or other qualified and licensed mental health or medical professional. The documentation, in general, must be no more than one year old, more recent documentation for some cases may be required. In addition, the documentation should specify the psychiatric history, current mental status, and medical/neurological examination results where appropriate. The evaluation must include DSM or ICD diagnosis, as well as recommended appropriate educational compensation strategies. All recommendations for accommodations must be specified and objective reasons provided for each. This material will be kept confidential and will be utilized only to determine the student's eligibility for accommodation or services, and the type of accommodations or level of service required.

We have established these requirements because non-standardized tests and incomplete or outdated assessment reports do not enable our staff to accurately assess the student's accommodation needs. Our goal is to ensure equality of access and opportunity for students with disabilities by providing accommodations and services that will best assist the student in meeting the requirements of his or her particular academic program. Please note that in reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, Disability Services may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student's academic program. In addition, in light of our considerable experience in providing accommodations, Disability Services may also propose clinically supported accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.

For additional information regarding specific procedures for students seeking academic accommodations, please refer to the accompanying document entitled *Procedure for Requesting Academic Accommodations on the Basis of Disability*.

# DISABILITY VERIFICATION FOR STUDENTS WITH PSYCHIATRIC/PSYCHOLOGICAL DISABILITIES

## TO BE COMPLETED BY THE STUDENT'S EVALUATOR

Eligibility Criteria for Provision of Accommodations to Students with Psychiatric/Psychological Disabilities:

1. Current verification of diagnosis and level of severity; and
2. Evidence of significant functional limitation in the educational setting.

To ensure the provision of reasonable and appropriate services for students with psychiatric/psychological disabilities, Disability Services requires students to provide current and comprehensive documentation of their disability and its impact on their education. This should include historical documentation, summary of previous evaluation and accommodations granted, results of medical tests (where appropriate), results of your evaluation, specific DSM or ICD diagnosis, and a statement regarding the severity and longevity of the disability, and your recommendations for treatment, follow-up, and accommodations for the student while enrolled at Boston University. To standardize the gathering of such information, we ask that you complete the following questions even if the material has already been provided in your evaluation. All material will be kept confidential.

**Thank you for your cooperation.**

Student name \_\_\_\_\_

Student I.D. or Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. DSM or ICD diagnosis (text and code):

AXIS I:

AXIS II:

AXIS III:

AXIS IV:

AXIS V (GAF score):

2. Date of diagnosis: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Date of last clinical contact with student: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Approximate duration and prognosis of disorder:

5. Describe the student's functional limitations in an educational setting:

6. Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access Boston University's educational program.

7. Is this student currently on medications? If so, provide medication history:

8. Please provide any additional information you feel will be useful in determining the nature and severity of this student's disability, and any additional recommendations that may assist Disability Services in determining appropriate accommodations and interventions:

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above and that: (a) I am a physician, licensed clinical psychologist, or possess a doctorate in neuropsychology, clinical psychology, or other appropriate specialty; (b) I have been trained in psychiatric, psychological, or neuropsychological assessment; and (c) I have at least three years experience in the evaluation of students with psychiatric disabilities. Any exceptions to these requirements must be approved by the Clinical Director of Disability Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and

Title: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

State of License: \_\_\_\_\_ License Number: \_\_\_\_\_

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

Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

**Return this information to:**

Office of Disability Services, Boston University, 19 Deerfield Street, Boston, MA 02215.