

Hampshire Office of Accessibility Resources and Services

DISABILITY VERIFICATION FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

The student listed below is seeking disability-related services and accommodations at Hampshire College. In order to establish eligibility, the student must provide current, comprehensive documentation that establishes the diagnosis(es) and describes the impact on major life activities, particularly learning and/or residential life.

Students whose conditions create a substantial limitation to learning or other major life activities may request accommodations to courses, programs, or activities at Hampshire.

This form is not for use in requesting accommodations for AD/HD. To learn more about eligibility and documentation for ADHD and to see specific guidelines for any diagnosis category, please visit: [OARS.hampshire.edu](https://www.hampshire.edu)

This form should be completed by an appropriate licensed professional, such as the diagnosing psychiatrist, psychologist, clinical social worker, or licensed mental health counselor (LMHC). Hampshire College Health and Counseling Services can provide support with some diagnostic and counseling services or may refer students into the community for long-term support. Hampshire Health and Counseling Services cannot provide supporting documentation for an Emotional Support Animal (ESA). Please visit them online: <https://www.hampshire.edu/student-life/health-and-counseling-services>

STUDENT COMPLETES THIS SECTION

Permission to release information to Hampshire College

Name (please print): _____ Hamp Student ID#: _____

Current Address: _____

Primary Phone Number: _____

Signature*: _____ **Date:** _____

*I certify that the foregoing statements are complete, accurate, and true to the best of my knowledge. I also understand the college may require me to undergo further testing for the purpose of establishing existence, or extent of my disability, illness, condition, and thus my need for reasonable accommodations."

PROFESSIONAL COMPLETES THIS SECTION

1. DSM IV Diagnosis(es) [n/a for AD/HD diagnosis – see above]

Level of Severity: Mild Moderate Severe

Global Assessment of Functioning Scale (if available): _____

2. History of Illness(es): _____ Date of diagnosis: _____

Length and type of treatment: _____

Describe symptoms that meet criteria for this diagnosis(es) and approximate date of onset:

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Has the student been hospitalized or used residential treatment for this disorder? If so, list approximate dates and length of stay:

Is the student currently on medication? No Yes If yes, please list: _____

Will student require local treatment/follow-up? No Yes _____

If yes, and arrangements have been made, where? _____

3. Describe the student's functional limitations in an academic and/or residential setting, and degree to which functioning is impaired in different contexts. Please include information about the impact of medication side effects, if relevant:

4. Do you have recommendations for accommodations and/or support services in the college environment? *(Hampshire will offer reasonable accommodations for a documented disability and may have alternative options to offer based on your recommendations or specified functional limitations. If a specific accommodation is needed, please indicate this necessity and why.)*

Please attach any additional relevant information to explain the impact of this student's condition on functioning, such as diagnostic reports, etc.

Name, Title (please print): _____

Phone: _____ Address: _____

Signature: _____ **Date:** _____

Please send documentation forms to:

Hampshire Office of Accessibility Resources and Services (OARS)
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accessibility@hampshire.edu