

Verification Form for Pervasive Developmental Disorders

(Including Apserger's Disorder, Autistic Disorder, and
Pervasive Developmental Disorder Not Otherwise Specified)

Students requesting support services under laws pertaining to non-discrimination for individuals with disabilities such as the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 are required to submit documentation to verify their eligibility for services and accommodations. This documentation must provide evidence that the disability substantially limits a major life activity such as learning. The provision of "all reasonable accommodations" is based on the current impact of the disability on academic performance. Thorough documentation is essential to the process of determining appropriate accommodations. Therefore, it is in the student's best interest to provide recent and appropriate documentation.

The Center for Learning and Adaptive Student Services (CLASS) at Augsburg College strives to ensure that qualified students with psychiatric disabilities are accommodated and, if possible, to see that these accommodations do not jeopardize successful therapeutic interventions. It should be noted that academic accommodations are intended to ensure access to educational opportunities for students with disabilities. The mandate to provide reasonable accommodations does not extend to adjustments that would "fundamentally alter" the nature of the course, course components, or course requirements.

The student named below is requesting accommodations due to the impact of a Pervasive Developmental Disorder. To evaluate that request, our office requires that the following form be completed by a qualified professional who has first-hand knowledge of the student's condition and is an impartial individual not related to the student. The completed form should be faxed or mailed to the CLASS office.

Student Information (This section is to be completed by the student)

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Phone _____

Thank you for your assistance in completing this form.

If you have any questions regarding the nature of this information needed for students with psychiatric impairments, please call the Center for Learning and Adaptive Student Services at (612) 330-1053, Mon. through Fri. from 8:00 A.M. to 5:00 P.M. This form should be returned to Augsburg College, 2211 Riverside Ave., CB # 57, Minneapolis, MN 55454. This document may not be released without written permission from the student or by order of a court. It will be destroyed three years after the student is no longer enrolled. The student will have access to this document but you may specify that this access be given only when a person qualified to explain the document is available

Professional Information

(This section is to be completed by a qualified Professional)

Date of Completion of Form ___/___/___

Name of Certifying Professional

Address

City _____ State _____ Zip Code

Phone _____ Fax

Professional Title

License/Certification Number and Issuing State

Date of Initial Contact with Student ____/____/____

Date of Last Contact with Student ____/____/____

Signature: _____

Multi-Axial DSM-IV Diagnosis

Diagnosis: _____ **Date of Diagnosis:**

Axis I

Axis II

Axis III

Axis IV Psychosocial/Environmental Problems:

Axis V Current Global Assessment of Functioning Range:

Basis on which the diagnosis was made.

Please describe the settings (home, academic, social, occupational, etc.) in which these symptoms have been most evident.

Medications

Current medication including dosage and side effects

Long term medication plan

Current compliance with medication plan

Prognosis for medication plan (Include likelihood of improvement or deterioration and within what approximate timeframe.)

Interventions

Please identify the academic interventions, social skill training, or other behavioral/therapeutic support that have been made available and their level of effectiveness.

Planned interventions

Prognosis for interventions (Include likelihood of improvement or deterioration and within what approximate timeframe.)

Impact of Condition on Educational Success

Please identify the specific academic abilities or functions that are compromised by the disorder.

Indicate severity of these limitations

Please specify the impact of the disorder and prescribed medications upon exams and other classroom activities.

Please identify the potential impact of the student's social interaction style in classroom, campus and community settings

Please comment on the student's ability to cope with transitions and stress. Please indicate what strategies the student uses to cope with these stressors and transitions.

Suggested Accommodations

NOTE: *Final determination of appropriate accommodations will be determined by CLASS in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws. Each recommended accommodation must be accompanied by an explanation of its relevance to the diagnosed disability.*

Extended time to complete exams _____ Yes _____ No
Why?

Quiet room in which to take exams _____ Yes _____ No
Why?

Notaker in the classroom _____ Yes _____ No
Why?

Other accommodations (Please specify) _____ Yes _____ No
Why?

