



Return form and relevant documentation to:
Office of Student Accessibility Services
Illinois Wesleyan University
PO Box 2900, Bloomington, IL 61702-2900
accessibility@iwu.edu
309-556-3231 (phone), 309-556-3436 (fax)

Mental Health Condition(s) Verification

The Office of Student Accessibility Services provides academic accommodations for students with mental health condition(s)/disability(ies). To determine eligibility, current and comprehensive documentation/verification from the diagnosing/treating psychiatrist, psychologist, or other qualified professional is required. *Submission of this form does not guarantee approval of accommodations.*

Student's Name: _____

Date of Birth: _____ **IWU ID #:** _____

1. ICD-10 or DSM-V diagnosis: _____

2. Date of diagnosis: _____ Date of last contact with student: _____

3. Length of time you have treated this student (specify dates): _____

4. Describe symptoms of this student's condition(s) (please comment on nature, frequency, and severity):

5. The expected duration, stability, or progression of the condition(s):

6. Treatment plan and/or medications (including frequency and dosage) currently prescribed or used to minimize the impact of the condition(s):

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7. Side effects of prescribed medication that may affect cognitive ability and/or academic success:

8. Describe the student’s functional limitations in a university setting:

9. State your specific recommendations regarding accommodations ***with a rationale*** that is based on the student’s academic functioning as to why these accommodations are warranted based upon the student’s diagnosis(s):

10. Please indicate any additional information that would help IWU’s Student Accessibility Services assist the student in a university setting:

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Print name and title: _____ License Number: _____

Street Address: _____ City, State, Zip: _____

Telephone No.: _____ Email: _____

Signature: _____ Date: _____