



ILLINOIS WESLEYAN
UNIVERSITY

Return form and relevant documentation to:
Chandra Shipley, Coordinator of Disability Services
Illinois Wesleyan University
PO Box 2900
Bloomington, IL 61702-2900
cshipley@iwu.edu
309-556-3231 (phone)
309-556-3436 (fax)

Psychological Disability(ies) Verification

Disability Services provides academic accommodations for students with psychological disabilities. To determine eligibility, current and comprehensive documentation/verification from the diagnosing psychiatrist, psychologist, or other qualified professional is required.

Student's Name: _____

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

1. DSM-V diagnosis:

2. Date of diagnosis: _____

3. Last contact with the student: _____

4. Nature, frequency, and severity of symptoms of this student's disability:

5. The expected duration, stability, or progression of the disability:

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

Psychological Disability Verification – Page 2

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. Recommended accommodations with rationale:

10. Please indicate any additional information that would help IWU’s Disability 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: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____ Email: _____