ILLINOIS COMMUNITY COLLEGE Center for Accessibility & Neurodiversity

Verification Form for Mental Health Conditions

Illinois Valley Community College (IVCC) is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Amendments Act of 2008 (PL 110-325) to provide effective auxiliary aids and services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the IVCC's programs and services. Federal law defines a disability as "a physical or mental impairment that substantially limits one or more major life activities." Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It is important to note that a mental disorder in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" one or more major life activities.

The Center for Accessibility and Neurodiversity (CAN) strives to ensure that qualified students with psychiatric disabilities are accommodated and if possible that these accommodations do not jeopardize successful therapeutic interventions. The Center cannot modify requirements that are essential to the program of instruction.

This form is designed to allow us to achieve these goals. Students who wish to receive academic accommodations due to a mental health condition need to have this form filled out by a psychiatrist, licensed psychologist, certified social worker (CSW or ACSW) or licensed professional counselor. The professional completing this from must have first-hand knowledge of the student's condition and must be an impartial professional who is not related to the student.

This form must be completed annually to receive accommodations. **No accommodations will be provided until this form Is completed in full and submitted to the IVCC Center for Accessibility and Neurodiversity for review.**

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

Last Name: _____ First: _____ _____ Middle Initial: _____

Student ID #: _____ __ Date of Birth:_____ Phone: _____ **(C)___(H)___**

Address: _____ _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

The following sections should be completed by the Certified Licensed Professional.

Diagnosis and Date of Diagnosis (please list all relevant diagnoses in order of impact on academic performance from greatest to least):

Check all that apply for basis on which diagnosis was made:

☐ Neuro-psychological Testing

Date of Testing

☐ Psycho-educational Testing

Date of Testing

☐ Structured Interviews ☐ Unstructured Interviews ☐ Standardized rating scales

☐ Unstandardized rating scales ☐ Medical history ☐ Developmental History

☐ Interviews/other persons ☐ Other (please specify)

If psychological tests were used please include all scores used to support the diagnosis:

If the diagnosis includes a phobic response to exams, does the problem pose a substantial limitation to the student for demonstrating their knowledge of course material on an exam without accommodations?

yes ☐ **no** ☐ **Explanation:**

Current medications including dosage and side effects:

Long term medication plan:

Current compliance with medication plan:

Prognosis for medication plan (Include likelihood of improvement or deterioration/w approximate time frame.):

Planned therapeutic interventions:

Prognosis for therapeutic interventions (Include likelihood for improvement/deterioration/w estimated time frame.):

Current compliance with therapeutic interventions:

Does this person currently pose a threat to him/herself or others? If so please specify in what ways.

History of hospitalization:

1. Implications for Educational Success

List any learning abilities specific to post secondary environment that are impaired by the psychiatric disability (e.g. difficulty with concentration, slow processing speed etc.):

2. Suggested accommodations

Final determination of appropriate accommodations IS determined by the IVCC Office of Disabilities Services in accordance with the mandates of the Rehabilitation Act of 1973 and The Americans with Disabilities Amendments Act of 2008 (PL 110-325) as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.

Please **check** suggested accommodation. Each recommended accommodation should be **accompanied by an explanation** of its relevance to the disability that is diagnosed.

a. ☐ Extension of time to complete exams Why?

b. ☐ Quiet room in which to take exams Why?

c. ☐ Test read orally to student Why?

d. ☐ Other (please specify) Why?

Does the current medication/therapies provide the needed stability for the student to meet post-secondary classroom/course expectations on a daily basis? ☐ Yes ☐ No

3. Please check the level of limitation for the following activities. Color in the appropriate circle.

	No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating	○	○	○	○
Memory	○	○	○	○
Sleeping	○	○	○	○
Managing internal distractions	○	○	○	○
Managing external distractions	○	○	○	○

	No Impact	Moderate Impact	Substantial Impact	Don't Know
Timely submission of assignments	○	○	○	○
Attending class regularly	○	○	○	○
Being on time for class	○	○	○	○
Making/keeping appointments	○	○	○	○
Stress management	○	○	○	○
Organization	○	○	○	○

To be completed and signed only by certified licensed professional:

Name:

Credentials:

Address:

City: State:

State of Licensure: License/Certification number:

Date of initial contact with student: Date of last contact with student:

Signature of Certified Licensed Professional **Date**

If you have any questions regarding the nature of the information needed for students with psychiatric impairments, please call the IVCC Center for Accessibility and Neurodiversity:

Tina Hardy at 815-224-0284 or email tina_hardy@ivcc.edu (Note: underscore after Tina)

OR

This form should be returned to: Illinois Valley Community College, Center for Accessibility and Neurodiversity

ATTN: Tina Hardy
815 N. Orlando Smith Avenue
Oglesby, Illinois 61348-9692

OR faxed to 815-224-0295 ATTN: Tina Hardy