Dear UCSD Extension Student:

Please complete the top portion of the Verification of Disability form (see below) and take it to your medical provider to complete the remainder of the form. The verification form can be submitted by either yourself or your medical provider. Directions for submitting the completed form to UC San Diego Extension are listed below.

Thank you.

Dear Healthcare Provider:

UC San Diego Extension Student Services has received an accommodation request from a currently enrolled student. It is the responsibility of students who seek accommodations and services from UC San Diego Extension to provide comprehensive written documentation of their disabilities.

Federal and State law\(^2\) and University of California policies\(^3\) require UC San Diego Extension to provide reasonable accommodation in its academic programs to qualified\(^4\) students with disabilities, including students with psychological disabilities. UC San Diego Extension is committed to providing reasonable accommodations appropriate to the nature and severity of the individual’s documented psychological disability in all academic programs, services, and activities. In defining a disability as primarily psychological in nature, these Practices employ the definition of mental disorders as described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).\(^5\)

- In the DSM-IV-TR, each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning)...
- In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one... Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Neither deviant behavior (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual, as described above. (p. xxi-xxii)\(^6\)

According to Title II of the Americans with Disabilities Act of 1990, current or future interpretation of psychological disabilities excludes common personality traits such as poor judgment or a quick temper.

For the purpose of these Practices, a mental disorder constitutes a verifiable disability only when there is a limitation in a major life activity, such as learning, caring for oneself; when there is a record of such an impairment; or when there is a record of an individual regarded as having such an impairment. While mental disorders may be a source of discomfort, distress, or disability, it should be emphasized that a student who has a mental disorder may not necessarily require accommodation. Eligibility for such services is made by the campus Disability Services professional staff, consistent with State and Federal law and University policy.\(^7\)

**DOCUMENTATION REQUIREMENTS**

Professionals conducting assessments and rendering diagnoses of mental disorders must be qualified to do so. Comprehensive training in the differential diagnosis of mental disorders and direct experience in diagnosis and treatment of adults is necessary. Qualified diagnosing professionals would include, but are not limited to licensed psychologists, psychiatrists, and neurologists, or other professionals with training and expertise in the diagnosis of mental disorders. Such documentation should be included on the enclosed Verification of Psychological Disability form. Documentation must be current.

**ACCOMMODATIONS AND SERVICES**

Each student with a psychological disability should be provided with accommodations and services that are appropriate to the student’s disability-related academic needs. It is the responsibility of UC San Diego Extension...
Student Services to determine whether the student is eligible for services and, if so, provide appropriate accommodations and services based on the documentation provided and in consultation with the student and other professionals, as appropriate. It is the responsibility of students who seek accommodations and services from UC San Diego Extension to provide comprehensive written documentation of their disabilities. With the informed consent of each student, an appropriate and qualified member of UC San Diego Extension Student Services may contact the professional(s) who made the diagnosis, requesting further information in order to determine the most appropriate and reasonable accommodations.

**UC Practices: Assessment & Accommodation of Students with Psychological Disabilities**

UC San Diego Extension accommodations and support services for a student with a psychological disability should be designed to minimize the limitations imposed by the student’s disability, thus providing an equal opportunity to learn, and to demonstrate what the student has learned in an academic setting. Academic accommodations should be provided in the most integrated setting possible and designed to meet the disability related needs of qualified individuals without fundamentally altering the nature of the instructional programs or any licensing requirements specified by the student’s intended profession. UC San Diego Extension has procedures for resolving complaints or grievances regarding the provision of academic accommodations and services.

A diagnosis of a disability in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please sign it, and mail or FAX it to us at the address listed below. The information you provide will not become part of the student's educational records, but will be kept in the student's file at UC San Diego Extension Student Services, where it will be held strictly confidential. A copy of this form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Feel free to contact us if you have questions or concerns.

**UC San Diego Extension**  
**Attn: Disabled Student Services Coordinator**  
9500 Gilman Drive, M/C 0176-H  
La Jolla, CA 92093-0176  
FAX: (858) 534-8527

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1 This document was reviewed and approved at the April 30, 1999 meeting of the UC campus Directors of Services to Students with Disabilities.

2. Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the ADA Amendments Act of 2008 are the pertinent Federal laws. For pertinent State law, see Chapter 14.2, Section 67310 of the California State Education Code.

3. University of California Policies Applying to Campus Activities, Organizations and Students, Section 140 (Guidelines Applying to Non-discrimination on the Basis of Disability).

4. “Qualified” with respect to post-secondary educational services, means “a person who meets the academic and technical standards requisite to admission or participation in the education program or activity, with or without reasonable modifications to rules, polices, or practices.”


6. Ibid

7. Section 141.10 of the University’s Guidelines Applying to Nondiscrimination on the Basis of Disability defines an individual with a disability as “...any person who has a physical or mental impairment which substantially limits one or more major life activities, who has a record of such an impairment, or who is regarded as having such an impairment.”

8. Section 143.34 of the University’s Guidelines Applying to Nondiscrimination on the Basis of Disability specifies that: “... in attempting to provide any type of academic adjustment, faculty, disability management staff, and students with disabilities should work in concert to formulate accommodations that meet the individual educational needs of qualified students with disabilities while maintaining the academic integrity of the program, service, or activity to be modified.”
Verification of Psychological Disability

Student Name: ________________________________________ Extension Student ID#: _U-________________

I am requesting academic support services through UC San Diego Extension Student Services. They require current and comprehensive documentation of my disability/medical condition prior to receiving services through Extension. Please respond to the following questions as soon as possible and return to me or send by mail or fax. I authorize UC San Diego Extension Student Services to contact you if clarification is needed.

Student Signature: ________________________________ Date: __________

Treating Physician/Provider Name (Please print): __________________________________________________

Phone: (___)_________________ FAX: (___) ______________

Address: ______________________________________________________________________________________

To Be Completed By Treating Physician/Provider

This form must be completed by the Health Care Professional listed above.

1. Does the student have a diagnosable mental disorder? If so, what is the specific Multi-Axis DSM-IV-TR classification? (Please code on five axes)

Axis I ______________________________________________________
Axis II _____________________________________________________
Axis III _____________________________________________________
Axis IV _____________________________________________________
Axis V ______________________________________________________ Current GAF_______________

2. What were the assessment or evaluation procedures used to make the diagnosis?

3. What historic data was taken into account in making the diagnosis?

4. Please indicate the major symptoms of the disorder currently manifested by the student, including level of severity:

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5. What medications are currently prescribed? List any side effects and level of severity?

6. Is the individual currently in treatment with you, and if so, when did you last see him/her?

7. What is the prognosis and anticipated duration?

8. What are the current limitations imposed by this disorder?

Thank you for your cooperation. You may FAX your report to UC San Diego Extension Disability Coordinator at (858) 534-8527. Please call (858) 822-1366 if you require additional information. Please attach any reports. This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient and/or my review of records.

Physician Signature: ________________________________ License #: ______________ Date: __________

All information kept confidential as per UC PPM 160-2

Effective: July 6, 2010