

**Pacific Union College - Teaching & Learning Center**

1 Angwin Avenue - Angwin, California 94508  
Nancy Jacobo, M.P.H., Disabilities Coordinator  
(707) 965-7685 (FAX) (707) 965-7687

*Verification of Psychological Disability*

**Student name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Soc. Sec.#** \_\_\_\_\_

The above student has requested academic support services through the Disabilities Office at PUC. To ensure the provision of appropriate services for students with disabilities, PUC requires current and comprehensive documentation of disability. Please respond to the following questions as soon as possible and return by mail or fax with any pertinent reports.

Physician/specialist name (print) \_\_\_\_\_ Title \_\_\_\_\_  
License # \_\_\_\_\_ Degree \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_

1. Diagnosis(es) \_\_\_\_\_  
Date of onset of illness or condition: \_\_\_\_\_ Diagnosis date: \_\_\_\_\_

2. Duration:  Permanent; recommended re-evaluation date \_\_\_\_\_  Temporary; duration \_\_\_\_\_

3. Multiaxial Diagnosis: \_\_\_\_\_  
Axis I Clinical Syndromes \_\_\_\_\_  
Axis II Developmental Disorders/Personality Disorders \_\_\_\_\_  
Axis III Physical Disorders and Conditions \_\_\_\_\_  
Axis IV Severity of Psychosocial Stressors \_\_\_\_\_  
Axis V Global Assessment of Functioning \_\_\_\_\_

4. When did you last see this individual? \_\_\_\_\_ Please list procedures/assessments used to diagnose the student's condition. \_\_\_\_\_  
\_\_\_\_\_

6. What treatment and/or medication have been prescribed? \_\_\_\_\_  
\_\_\_\_\_  
Are there any debilitating side effects? \_\_\_\_\_  
\_\_\_\_\_

7. What are the symptoms or functional limitations? \_\_\_\_\_  
\_\_\_\_\_

8. How does this condition (or effects of medication) limit the student's ability to learn or to meet the demands at a college? \_\_\_\_\_  
\_\_\_\_\_

9. Recommend:  Continue College  Reduce load  Medical leave

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All information on this form is confidential*